

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32361

FILED
Apr 30, 2007
Secretary of State

Entity Name: FAITH CHAPEL FREEWILL BAPTIST CHURCH INC.

Current Principal Place of Business:

635 LEE RD.
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

635 LEE
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-2947141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPPS, TOMMY
5167 BEIGE STREET
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAPPS, TOMMY L
Address: 5167 BEIGE STREET
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: PLYBON, RICK
Address: 1628 HAZELBURST DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: WHITEHEAD, ASA
Address: 10496 DENTON ROAD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY CAPPS

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date