2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# N49389

Entity Name: FIRST FREE WILL BAPTIST CHURCH OF SCOTTSMOOR, FLORIDA, INC.

Current Principal Place of Business:

5830 TRAVIS AVE.
SCOTTSMOOR, FL 32775 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 72
SCOTTSMOOR, FL 32775 US

New Mailing Address:

FEI Number: 59-2356702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYNARD, EDWARD
5829 VERMONT ST.
SCOTTSMOOR, FL 32775 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: D ( ) Delete
Name: ALLEN, CHARLES
Address: 5963 VERMONT AVE
City-St-Zip: SCOTTSMOOR, FL 32775

Title: DCT ( ) Delete
Name: HALLUM, LESLIE H
Address: 5875 DIXIE WAY
City-St-Zip: SCOTTSMOOR, FL 32775

Title: T ( ) Delete
Name: BARNARD, DUANE
Address: 5901 STAMFORD ST.
City-St-Zip: SCOTTSMOOR, FL 32775

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CT (X) Change ( ) Addition
Name: BARNARD, DUANE
Address: 5901 STAMFORD ST.
City-St-Zip: SCOTTSMOOR, FL 32775

Title: P ( ) Change (X) Addition
Name: SHAMBLIN, MICHAL
Address: 5829 VERMONT ST
City-St-Zip: SCOTTSMOOR, FL 32775

I hereby certify that the information supplied with this filing does not qualify for the 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: DUANE N. BARNARD C-T 03/12/2007

Electronic Signature of Signing Officer or Director Date