


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002132 (9)**

1. Corporation Name

FREEDOM BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**1740 S. R. 207
ST AUGUSTINE FL 32086
US**

**1740 STATE RD 207
ST AUGUSTINE FL 32086**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1993

3a. Date of Last Report

03/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THIGPEN, CLARENCE B
38 S WHITNEY ST
ST AUGUSTINE FL 32095**

81 Name

O. C. HAYES

82 Street Address (P.O. Box Number is Not Acceptable)

3160 Old Moultrie Road

83

84 City

St. Augustine,

FL

85 Zip Code
32086

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

O. C. Hayes

7/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **THIGPEN, CLARENCE B**
STREET ADDRESS **42 S WHITNEY ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **D** ☐ DELETE

NAME **SIKES, TILLMAN P**
STREET ADDRESS **8 JOHN ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **D** ☐ DELETE

NAME **HICKS, CAROL**
STREET ADDRESS **7336 LYNETTE LN**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **D** ☒ DELETE

NAME **ANKNEY, ROBERT**
STREET ADDRESS **RICHE DR POB 80054**
CITY-ST-ZIP **ST AUGUSTINE FL 32085**

TITLE **D** ☐ DELETE

NAME **JONES, TERRELL**
STREET ADDRESS **5095 DATIL PEPPER RD.**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

Pres.

☐ Change ☒ Addition

1.2 NAME

GERMAN, BILLY R.

1.3 STREET ADDRESS

1740 S.R. 208

1.4 CITY-ST-ZIP

St. Augustine, FL 32086

2.1 TITLE

Sec.

☐ Change ☒ Addition

2.2 NAME

HOCUTT, JEAN

2.3 STREET ADDRESS

P.O. Box 485 (N/A)

2.4 CITY-ST-ZIP

Hastings, FL 32145

3.1 TITLE

Treas.

☐ Change ☒ Addition

3.2 NAME

HAYES, O.C.

3.3 STREET ADDRESS

3160 Old Moultrie Road

3.4 CITY-ST-ZIP

St. Augustine, FL 32086

4.1 TITLE

D

☐ Change ☒ Addition

4.2 NAME

HOCUTT, AARON

4.3 STREET ADDRESS

P.O. Box 485 (N/A)

4.4 CITY-ST-ZIP

Hastings, FL 32145

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **SIGNATURE REQUIRED O. C. HAYES 8-11-97 (904) 823-2463**

CR2E037 (4/97)