



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000002312	
1. Entity Name TRINITY FREEWILL BAPTIST CHURCH, INC.	

Principal Place of Business 1840 N.E. 39TH BOULEVARD OKEECHOBEE, FL 34972 US	Mailing Address 1840 N.E. 39TH BOULEVARD OKEECHOBEE, FL 34972
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0517428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEES, THOMAS M 1854 N.E. 54TH TRAIL OKEECHOBEE, FL 34972	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, handwritten name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when changing)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000783888 01/16/08-80034-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BRYAN 2721 NE 6TH CT OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEES, THOMAS M JR 17045 HIGHWAY 441 N OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAYNE, JAMES 6585 NE 10TH LANE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEWIS, SAMUEL 6480 N.E. 10TH LANE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pastor Thomas M Dees* **1-11-08 863-763-4962**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year