

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90023 041 ****80.00

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1. Corporation Name

FREELY GIVE, FREELY RECEIVE UNDENOMINATIONAL CHU
RCH, INC.

Principal Place of Business

2612 - 27TH AVENUE
TAMPA FL 33605

Mailing Address

2612 - 27TH AVENUE
TAMPA FL 33605



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1994	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3223335	
2 City & State		27 City & State		Applied For Not Applicable	
3 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GLENN, GARY 2612 - 27TH AVENUE TAMPA FL 33605				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

I, 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN, GARY	1.2 NAME	
STREET ADDRESS	2612 - 27TH AVENUE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33605	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, RAYMOND D	2.2 NAME	
STREET ADDRESS	2002 EAST - 131ST AVE., APT. #C-101	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33612	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBLEFIELD, ANNIE RUTH	3.2 NAME	
STREET ADDRESS	11113 NORTH NEBRASKA AVE., APT. #304	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33612	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 14, 1999
Date
Daytime Phone #

CR2E037 (11/98)

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