

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

## DOCUMENT # N9600001013

FREE WILL BAPTIST ANNUAL CONFERENCE, A DIVISION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

107 WEST SEVENTH STREET LAKELAND FL 33805

2. Principal Place of Business

Suite, Apt. #, etc.

107 WEST SEVENTH STREET LAKELAND FL 33805

## **FILED** Feb 27, 1999 8:00 am § Secretary of State

02-27-1999 90003 024 \*\*\*\*70.00

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3. Date Incorporated or Qualifed

02/16/1996 4.- FEI Number

22		27			39-349-1290		INOL	Applicable			
City & Stat	е	City & State  28 LAKELAND,	TLO	LIOA	5. Certificate of Status Desired	*	\$8.75 A Fee Rec				
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be			
24	25	29 33800 30	$\rho_0$	UK.	Trust Fund Contribution		Added to	Fees			
	9. Name and Address of Current	Registered Agent	, , <sub> </sub>		10. Name and Address of New R	egistered /	Agent				
			81	Name							
OMETI IO	1 IN 147 ID		82	Street Add	ress (P.O. Box Number is Not Accepta	hle)					
SMITH, JO			02	Street Add	ress (F.O. Box Number is Not Accepte	ibic)					
	ON STREET		83	-							
LAKELAND	7 FL 33805		_				85 Zip C				
			84	City		FL	<b>85</b>   Zîp C	ode			
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	<u> </u>		t signature require	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	29 IN 12			
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OF	ICENS AN	Change	Addition			
TITLE	D	☐ NETELE	1.1 TITLE				ondingo				
NAME	SMITH, JOHN W JR.		1.2 NAME								
STREET ADDRESS	1941 LAVON STREET			ADDRESS							
CITY-ST-ZIP	LAKELAND FL 33805	FI on str	1.4 CITY-S	T-ZIP			Change	Addition			
TITLE	D	☐ DELETE	2.1 TITLE				□ Cilarige	☐ Addidon			
NAME	COPELAND, JOHN L		2.2 NAME			•					
STREET ADDRESS	100 - 19TH AVENUE SOUTH		2.3 STREE	FADDRESS			. a = <del>- 11</del>	1			
CITY-ST-ZIP	ST. PETERSBURG FL 33705		2.4 CITY-5	ST-ZIP	·						
TITLE	D	☐ DELETE	3.1 TITLE				☐ Change	Addition			
NAME	DINK, JAMES JR.		3.2 NAME	}				}			
STREET ADDRESS	801 E. MCDONALD ROAD		3.3 STREE	TADORESS							
CITY-ST-ZIP	PLANT CITY FL 33567		3.4. CITY-5	T-ZiP							
TITLE	D	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition			
NAME	JOHNSON, JESSE		4, 2 NAME								
STREET ADDRESS	823 SOUTH HIGH STREET		4.3 STREE	T ADDRESS				Ì			
CITY-ST-ZIP	DELAND FL 32720		4.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	5.1 TITLE				Change	Addition \			
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE	TADDRESS							
CITY-ST-ZIP			5.4 CITY-8	T-ZIP		<u> </u>					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition			
NAME	·		6.2 NAME					Ì			
STREET ADDRESS			6.3 STREE	TADDRESS							
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				_			
J	l						<del></del>				

#3671

14. 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.

Dothe W. SMITH JR 1-26-99

Applied For