

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90328 029 ****66.25

DOCUMENT # *N96000001013* ✓
1. Entity Name
Free Will Baptist Annual Conference, A Division

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
107 West Seventh Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3671
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lakeland Fla
Zip
33805

City & State
Lakeland Fla
Zip
33802

4. FEI Number
59-3491296
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent
Name *Smith, John W. Jr.*
Street Address (P.O. Box Number is Not Acceptable)
1941 LAYON Street
City *Lakeland* FL Zip Code *33805*

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.
SIGNATURE *John W. Smith Jr.* DATE *02-13-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE	<i>D</i>	TITLE	
NAME	<i>Smith, John W. Jr.</i>	NAME	
STREET ADDRESS	<i>1941 LAYON Street</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Lakeland, FL 33805</i>	CITY-ST-ZIP	
TITLE	<i>D</i>	TITLE	
NAME	<i>Copeland, John L.</i>	NAME	
STREET ADDRESS	<i>105-19th Avenue, South</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>St. Petersburg FL 33705</i>	CITY-ST-ZIP	
TITLE	<i>D</i>	TITLE	
NAME	<i>Dink, James Jr.</i>	NAME	
STREET ADDRESS	<i>801 E. McDONALD ROAD</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>PLANT CITY, FL 33587</i>	CITY-ST-ZIP	
TITLE	<i>D</i>	TITLE	
NAME	<i>JOHNSON, JESSE</i>	NAME	
STREET ADDRESS	<i>823 South High Street</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>DELAND, FL 32720</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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 on an attachment with an address with all other like empowered.

SIGNATURE: *John W. Smith Jr.* JOHN W. SMITH JR. 02-13-02 863 682-1423

CR2E037B (12/01)