

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90037 001 ****61.25

DOCUMENT # N96000001013



1. Entity Name

FREE WILL BAPTIST ANNUAL CONFERENCE, A DIVISION, INC.

Principal Place of Business

1941 LAVON ST
 LAKELAND FL 33805

Mailing Address

PO BOX 3671
 LAKELAND FL 33802

94060099



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3491296

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JOHN W JR.
 1941 LAVON STREET
 LAKELAND FL 33805

Name

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

City

FL

Zip Code

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

JOHN W. SMITH JR. (Pastor) John W. Smith

A-20-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JOHN W JR.	
STREET ADDRESS	1941 LAVON STREET	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CRAIG J	
STREET ADDRESS	1941 LAVON ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, TONY	
STREET ADDRESS	1941 LAVON ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONTGOMERY, JACQUELINE	
STREET ADDRESS	1941 LAVON ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John W. Smith Jr. John W. Smith

A-20-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

NJ6000000013
PLEASE BE ADVISED THAT WE DO NOT HAVE ANY
CERTIFICATE OF EXEMPTION FOR THIS ORGANIZATION.
WOULD YOU PLEASE IT TO US.

THANK YOU FOR YOUR COOPERATION
JOHN W. SMITH