2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 25, 2005 08:00 A DOCUMENT # N96000001013 **Secretary of State** 1. Entity Name FREE WILL BAPTIST ANNUAL CONFERENCE, A DIVISION, INC. Principal Place of Business Mailing Address 1941 LAVON ST PO BOX 3671 LAKELAND FL 33805 LAKELAND FL 33802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #. etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-3491296 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, JOHN W JR. Street Address (P.O. Box Number is Not Acceptable) 1941 LAVON STREET LAKELAND FL 33805 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling, DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete ana ☐ Change ☐ Addition SMITH, JOHN W JR. U000003337 1941 LAVON STREET STREET ADDRESS STREET ADDRESS 04/25/05-80171-004 81.25 LAKELAND FL 33805 CITY ST-ZIP CITY ST-ZIP UTLE Delete ☐ Change Addition MONTGOMERY, JACQUELINE NAME NAME 1941 LAVON ST STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-57 7IP CHY-ST-ZIP DILLE Delete hitté ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST-ZIP HILE Delete hitt Change Addition NAME NAM-STREET ADDRESS STREET ADDRESS C117-S1-Z/P CITY-ST-ZIP TITLE ☐ Delete BHE Change Addition NAME NAME STREET ADORESS **JIREST ADDRESS** CITY ST-ZIP CITY ST-ZIP Delete blue DULF Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY ST TIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(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 of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all be 6AU IU. SMITHUR 4-21-05

SIGNATURE:

FILED