


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N96000001013 <small>1. Entity Name</small> FREE WILL BAPTIST ANNUAL CONFERENCE, A DIVISION, INC.		
<small>Principal Place of Business</small> 1941 LAVON ST LAKELAND FL 33805		<small>Mailing Address</small> PO BOX 3671 LAKELAND FL 33802
<small>2. Principal Place of Business - No P.O. Box #</small> Suite, Apt. #, etc.	<small>3. Mailing Address</small> Suite, Apt. #, etc.	
<small>City & State</small>		<small>City & State</small>
<small>Zip</small>	<small>Country</small>	<small>Zip</small>
<small>Country</small>		<small>Country</small>



1st MOORE CR2E037 (10/06)

<small>4. FEI Number</small> 59-3491296		<small>Applied For</small> <input type="checkbox"/> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, JOHN W JR. 1941 LAVON STREET LAKELAND FL 33805	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/>	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SMITH, JOHN W JR. 1941 LAVON STREET LAKELAND FL 33805	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000725150 05/03/07-80010-022 61.25
NAME	SMITH, JOHN W JR.	NAME	
STREET ADDRESS	1941 LAVON STREET	STREET ADDRESS	
CITY- ST- ZIP	LAKELAND FL 33805	CITY- ST- ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	S MONTGOMERY, JACQUELINE 1941 LAVON ST LAKELAND FL 33805	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, JACQUELINE	NAME	
STREET ADDRESS	1941 LAVON ST	STREET ADDRESS	
CITY- ST- ZIP	LAKELAND FL 33805	CITY- ST- ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 JOHN W. SMITH Date: 4-13-07 Docketing Phone # 863 7385364