

2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 JUL -1 PM 1:57

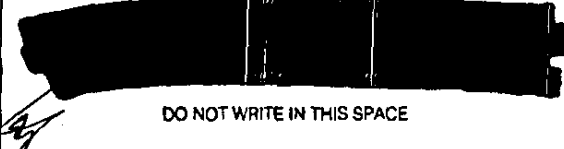
DOCUMENT # N96000001013  
1. Entity Name  
**FREE WILL BAPTIST ANNUAL CONFERENCE, A DIVISION, INC.**

900021278699  
07/02/03--01071--001 \*\*\$1.25

Principal Place of Business Mailing Address  
107 WEST SEVENTH STREET X  
LAKELAND FL 33805  
1941 LAVON ST.  
LAKELAND FL 33805  
PO BOX 3871  
LAKELAND FL 33802

2. Principal Place of Business 3. Mailing Address  
1941 LAVON ST. LAKELAND, FL  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
LAKELAND, FLORIDA  
Zip 33805 Country Polk Zip Country



4. FEI Number 59-3491296 Applied For Not Applicable  
5. Certificate of Status Desired \$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

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

FILE NOW: FEE IS \$61.25  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOHN W JR 1941 LAVON STREET LAKELAND FL 33805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPELAND, JOHN L 100 - 19TH AVENUE SOUTH ST. PETERSBURG FL 33705	TITLE TT NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINK, JAMES JR. 801 E. McDONALD ROAD PLANT CITY FL 33567	TITLE TT NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JESSE 823 SOUTH HIGH STREET DELAND FL 32720	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Jr  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 863-680-7488