

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005690

**FILED**  
**Apr 25, 2015**  
**Secretary of State**  
**CC9884397073**

**Entity Name:** NEW FREEWILL PRIMITIVE BAPTIST CHURCH  
INCORPORATED

**Current Principal Place of Business:**

407 WEST MICHIGAN AVENUE  
PENSACOLA, FL 32505

**Current Mailing Address:**

407 WEST MICHIGAN AVENUE  
PENSACOLA, FL 32505

**FEI Number:** 90-0588239

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THOMPSON, BRIAN  
5815 ST. BENEDICT AVENUE  
PENSACOLA, FL 32503 US

*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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name THOMPSON, BRIAN  
Address 5815 ST. BENEDICT AVENUE  
City-State-Zip: PENSACOLA FL 32503

Title M  
Name BROWN, GROVER  
Address 801 WEST DESOTA STREET  
City-State-Zip: PENSACOLA FL 32501

Title M  
Name OUTING, SALLIE  
Address 1282 BOLIVIA STREET  
City-State-Zip: PENSACOLA FL 32534

Title D  
Name THOMPSON, GWEN  
Address 5815 ST. BENEDICT AVENUE  
City-State-Zip: PENSACOLA FL 32503

Title TD  
Name NIXON, SARAH  
Address 4518 ST. NAZAIRE ROAD  
City-State-Zip: PENSACOLA FL 32505

Title M  
Name MCCANTS, LYDIA  
Address 2963 CREOLE WAY  
City-State-Zip: PENSACOLA FL 32526

Title M  
Name PRESIDENT, BRUCE  
Address 2963 CREOLE WAY  
City-State-Zip: PENSACOLA FL 32526

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: GWEN THOMPSON

DIRECTOR OF MINISTRY 04/25/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date