## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005690

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: Yes

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

FILED Mar 30, 2016

**Secretary of State** 

CC9348101367

Officer/Director Detail:

Title PD Title N

Name THOMPSON, BRIAN Name BROWN, GROVER

Address 5815 ST. BENEDICT AVENUE Address 801 WEST DESOTA STREET

City-State-Zip: PENSACOLA FL 32503 City-State-Zip: PENSACOLA FL 32501

Title M Title [

Name OUTING, SALLIE Name THOMPSON, GWEN

Address 1282 BOLIVIA STREET Address 5815 ST. BENEDICT AVENUE

City-State-Zip: PENSACOLA FL 32534 City-State-Zip: PENSACOLA FL 32503

Title TD Title N

NameNIXON, SARAHNamePRESIDENT, LYDIAAddress4518 ST. NAZAIRE ROADAddress2963 CREOLE WAY

City-State-Zip: PENSACOLA FL 32505 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: GWENDOLYN THOMPSON

DIRECTOR OF MINISTRIES

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date