2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90339 042 ****61.25

DOCUMENT # N16893

1. Entity Name

SAINT JOHN FREEWILL PRIMITIVE BAPTIST CHURCH, INCORPORATED, OF LAKE PANASOFFKEE, FLORIDA

Principal Place of Business	Mailing Address
P. O. BOX 215, PERKINS ST. COLEMAN FL 33521	P. O. BOX 215, PERKINS ST. COLEMAN FL 33521

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
26-CR 482 N	P.O. Box 215
Suite, Apt. #, etc.: L.K. Panasoffkee	Suite, Apt. #, etc.
City & State: Fl. 33538	City & State: Coleman, Fl.
Zip / Country: Sumter	Zip: 33521 / Country: Sumter

4. FEI Number: 59-3169956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUPREE, WILLIE
PERKIN STREET
COLEMAN FL 33521

7. Name and Address of New Registered Agent

Name: Hazel Dupree
Street Address (P.O. Box Number is Not Acceptable): 2825 Perkins St.
City: Coleman, Fl. FL Zip Code: 33521

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: Hazel Dupree — Hazel Dupree 4-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DUPREE, WILLIE 2825 PERKINS ST COLEMAN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pernellma Austin 401 Jackson St. Wild Wood, Fl. 34785	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUPREE, HAZEL 2825 PERKINS ST COLEMAN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Linda Green 3918 Pine Ave. Coleman, Fl 33521	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, LUNETTE WARM SPRING AVE COLEMAN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: DP Hazel Dupree — Hazel Dupree 4-11-08 352.748.2606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #