

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16893 (2)
1. Corporation Name
**SAINT JOHN FREEWILL PRIMITIVE BAPTIST CHURCH, IN
CORPORATED, 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 33521-0215**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1986		3a. Date of Last Report 04/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3169956		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUPREE, WILLIE PERKIN STREET COLEMAN FL 33521				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE		1.1 TITLE	DP	☐ Change ☐ Addition	
NAME	DUPREE, WILLIE			1.2 NAME	Willie Dupree		
STREET ADDRESS	BOX 215 PERKINS			1.3 STREET ADDRESS	2815 Perkins St.		
CITY-ST-ZIP	COLEMAN FL			1.4 CITY-ST-ZIP	Coleman, Fl. 33521		
TITLE	D	☐ DELETE		2.1 TITLE	Hazel Dupree	☐ Change ☐ Addition	
NAME	DUPREE, HAZEL			2.2 NAME	Hazel Dupree		
STREET ADDRESS	BOX 215 PERKINS			2.3 STREET ADDRESS	2815 Perkins St.		
CITY-ST-ZIP	COLEMAN FL			2.4 CITY-ST-ZIP	Coleman, Fl. 33521		
TITLE	D	☐ DELETE		3.1 TITLE	Lunette Harris	☐ Change ☐ Addition	
NAME	HARRIS, LUNETTE			3.2 NAME	Lunette Harris		
STREET ADDRESS	WARM SPRING AVE. G. DEL.			3.3 STREET ADDRESS	Warm Spring Ave.		
CITY-ST-ZIP	COLEMAN FL			3.4 CITY-ST-ZIP	Coleman, Fl. 33521		
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Willie Dupree**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97
Date

352-246-2606
Daytime Phone # 0046744

CR2E037 (9/96)