


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 768896		
1. Entity Name WEST SANFORD FREE WILL HOLINESS CHURCH, OF SANFORD, FLORIDA, INCORPORATED		
Principal Place of Business W. SANFORD FREEWILL HOLINESS CHURCH 814 MULBERRY AVE. SANFORD, FL 32773 US		Mailing Address P O BOX 743 SANFORD, FL 32773 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROSS, ELDER HEZEKIAH 814 MULBERRY AVE., PO BOX 795 SANFORD, FL 32771		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROSS, ELDER HEZEKIAH 1003 MULBERRY AVE. SANFORD, FL 32771	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SMITH, ALOYSIOUS 820 DELFINO PLACE LAKE MARY, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURCH, RUBEN 1303 W. 7TH STREET SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JO ANN 312 CONTINENTAL COURT ALTAMONTE SPRINGS, FL 32701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Hezekiah Ross</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3-8-05 Daytime Phone #: (407) 328-4397



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2015920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required