



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90239 042 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2015920	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSS, ELDER HEZEKIAH 814 MULBERRY AVE., PO BOX 798 SANFORD, FL 32771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD ROSS, ELDER HEZEKIAH 1003 MULBERRY AVE. SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SMITH, ALOYSIOUS 820 DELFINO PLACE LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURCH, RUBEN 1303 W. 7TH STREET SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JO ANN 312 CONTINENTAL COURT ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Hezekiah Ross</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>7/29/08</i> Daytime Phone #: <i>(407) 322-4397</i>		

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Document Number 768896
Business Entity Name WEST SANFORD FREE WILL HOLINESS CHURCH, OF SANFORD, FLORIDA, INCORPORATED
FEI Number 592015920
FEI Number Status
Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address W. SANFORD FREEWILL HOLINESS CHURCH
Suite, Apt. #, etc. 814 MULBERRY AVE.
City, State SANFORD, FL
Zip Code & Country 32773 US

Mailing Address

Address P O BOX 743
City, State SANFORD, FL
Zip Code & Country 32773 US

Name And Address of Registered Agent

RA Business Name ROSS, ELDER HEZEKIAH
Address 814 MULBERRY AVE.,
City, State SANFORD, FL
Zip Code & Country 32771 US

Officer/Director Name And Address

Name And Address #1

Title CD
Entity Name ROSS, ELDER HEZEKIAH
Street Address 1003 MULBERRY AVE.
City, State SANFORD, FL
Zip Code & Country 32771

Name And Address #2

Title VCD
Entity Name SMITH, ALOYSIOUS
Street Address 820 DELFINO PLACE

ATTACHMENT

40091209

#768896

City, State LAKE MARY, FL

Zip Code & Country 32746

Name And Address #3

Title TD

Entity Name BURCH, RUBEN

Street Address 1303 W. 7TH STREET

City, State SANFORD, FL

Zip Code & Country 32771

Name And Address #4

Title S

Entity Name WILLIAMS, JO ANN

Street Address 312 CONTINENTAL COURT

City, State ALTAMONTE SPRINGS, FL

Zip Code & Country 32701

Name And Address #5

Title TD

Entity Name THOMAS, MINNIE LEE

Street Address 1601 WEST 10TH STREET

City, State SANFORD, FL

Zip Code & Country 32771

Title CD

Officer/Director Signature ROSS, ELDER HEZEKIAH

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