

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91231 039 \*\*\*\*70.00

<b>DOCUMENT # N02000002012</b>					
<b>1. Entity Name</b> FREEWILL WORSHIP CENTER, INC.					
<b>Principal Place of Business</b> 1605 MERCY DRIVE ORLANDO, FL 32808 US			<b>Mailing Address</b> 625 WEST ANDERSON STREET ORLANDO, FL 32805		
<b>2. Principal Place of Business</b> 208 West Crown Point <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> P.O. Box 771058 <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> Winter Garden, Fla. <small>Zip</small> 34787		<b>City &amp; State</b> Winter Garden, Fla. <small>Zip</small> 34777		<b>4. FEI Number</b> 32-0081146	
<small>Country</small> U.S.A.		<small>Country</small> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DUNSTON, DENESE 625 WEST ANDERSON STREET ORLANDO, FL 32805			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> <small>Zip Code</small> _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP	<input type="checkbox"/> Delete		<b>TITLE</b> Pastor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> DUNSTON, DENESE	625 W ANDERSON ST ORLANDO, FL 32805		<b>NAME</b> Denese Dunston	1108 Mountain Way Apopka, Fla. 32703	
<b>STREET ADDRESS</b> 1108 MOUNTAIN WAY	APOPKA, FL 32703		<b>STREET ADDRESS</b> Assistant Pastor	Rubye McFarley	
<b>CITY-ST-ZIP</b> APOPKA, FL 32703	1108 MOUNTAIN WAY APOPKA, FL 32703		<b>CITY-ST-ZIP</b> APOPKA, FL 32703	1108 MOUNTAIN WAY APOPKA, FL 32703	
<b>TITLE</b> DV	<input type="checkbox"/> Delete		<b>TITLE</b> DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> MCFARLEY, RUBY	1108 MOUNTAIN WAY APOPKA, FL 32703		<b>NAME</b> GARRETT, LORETTA	2102 APARTMENT B ORLANDO, FL 32805	
<b>STREET ADDRESS</b> 2102 APARTMENT B	ORLANDO, FL 32805		<b>STREET ADDRESS</b> 2102 APARTMENT B	ORLANDO, FL 32805	
<b>CITY-ST-ZIP</b> ORLANDO, FL 32805	2102 APARTMENT B ORLANDO, FL 32805		<b>CITY-ST-ZIP</b> ORLANDO, FL 32805	2102 APARTMENT B ORLANDO, FL 32805	
<b>TITLE</b> DT	<input type="checkbox"/> Delete		<b>TITLE</b> Administrator	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> CHARLES, JEAN ROBERT	6341 ROXBERG AVENUE ORLANDO, FL 32809		<b>NAME</b> Charles, Jean Robert	6341 Roxberg Avenue Orlando, Fla. 32809	
<b>STREET ADDRESS</b> 6341 ROXBERG AVENUE	ORLANDO, FL 32809		<b>STREET ADDRESS</b> 6341 ROXBERG AVENUE	ORLANDO, FL 32809	
<b>CITY-ST-ZIP</b> ORLANDO, FL 32809	6341 ROXBERG AVENUE ORLANDO, FL 32809		<b>CITY-ST-ZIP</b> ORLANDO, FL 32809	6341 ROXBERG AVENUE ORLANDO, FL 32809	
<b>TITLE</b> D	<input type="checkbox"/> Delete		<b>TITLE</b> Youth Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> ROUNDTREE, CONNIE	P.O. BOX 300465 FERN PARK, FL 327300465		<b>NAME</b> Rivers, Connie	Box 516 Reddick, Fla. 32686	
<b>STREET ADDRESS</b> P.O. BOX 300465	FERN PARK, FL 327300465		<b>STREET ADDRESS</b> Box 516	Reddick, Fla. 32686	
<b>CITY-ST-ZIP</b> FERN PARK, FL 327300465	P.O. BOX 300465 FERN PARK, FL 327300465		<b>CITY-ST-ZIP</b> FERN PARK, FL 327300465	P.O. BOX 300465 FERN PARK, FL 327300465	
<b>TITLE</b> H	<input type="checkbox"/> Delete		<b>TITLE</b> Historian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>NAME</b> STRIBLING, ETHEL LOUISE	308 MAGNOLIA STREET ALTAMONTE SPRINGS, FL 32714		<b>NAME</b> Stribling, Ethel Louise	308 Magnolia Street Altamonte Spgs. Fla. 32714	
<b>STREET ADDRESS</b> 308 MAGNOLIA STREET	ALTAMONTE SPRINGS, FL 32714		<b>STREET ADDRESS</b> 308 MAGNOLIA STREET	ALTAMONTE SPRINGS, FL 32714	
<b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS, FL 32714	308 MAGNOLIA STREET ALTAMONTE SPRINGS, FL 32714		<b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS, FL 32714	308 MAGNOLIA STREET ALTAMONTE SPRINGS, FL 32714	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Denese Dunston</u>			Denese Dunston		5-01-04 (407) 443-6007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>