


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

FILED

**May 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # N03000005774 1. Entity Name FREE SPIRIT WORSHIP CENTER, INC.	
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Principal Place of Business 1758 ANNANDALE CIR ROYAL PALM BCH, FL 33411	Mailing Address 1758 ANNANDALE CIR ROYAL PALM BCH, FL 33411
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05032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3699846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GLOVER, RONNIE 1758 ANNANDALE CIR ROYAL PALM BCH, FL 33411
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000000364469 05/06/05-80043-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLOVER, RONNIE 1758 ANNANDALE CIR ROYAL PALM BCH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV B, MARGARET 1586 NE 152ND TERR N MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HALLMON, ALTHEA 9731 ENCINO DR MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHEFFELD, CRAIG 1811 NW 88TH WAY PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Ronnie Glover 5/3/05 (561) 596-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #