

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005774

FILED
Jul 07, 2006
Secretary of State

Entity Name: FREE SPIRIT WORSHIP CENTER, INC.

Current Principal Place of Business:

1758 ANNANDALE CIR
ROYAL PALM BCH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1758 ANNANDALE CIR
ROYAL PALM BCH, FL 33411

New Mailing Address:

FEI Number: 11-3699846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GLOVER, RONNIE
1758 ANNANDALE CIR
ROYAL PALM BCH, FL 33411 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GLOVER, RONNIE
Address: 1758 ANNANDALE CIR
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: DV () Delete
Name: B, MARGARET
Address: 1586 NE 152ND TERR
City-St-Zip: N MIAMI BCH, FL

Title: DT () Delete
Name: HALLMON, ALTHEA
Address: 9731 ENCINO DR
City-St-Zip: MIRAMAR, FL 33025

Title: DS () Delete
Name: SHEFFELD, CRAIG
Address: 1811 NW 88TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE GLOVER

DP

07/07/2006

Electronic Signature of Signing Officer or Director

Date