


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # N04000007595 1. Entity Name FREE SPIRIT OUTREACH MINISTRIES, INC.		
Principal Place of Business 1705 NW 16TH COURT OCALA, FL 34475	Mailing Address 1705 NW 16TH COURT OCALA, FL 34475	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WASHINGTON, NOBLE J 1705 NW 16TH COURT OCALA, FL 34475		DO NOT WRITE IN THIS SPACE
3. 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 reappointing)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000628514 02/16/07-80017-014 8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, NOBLE J 1705 NW 16TH COURT OCALA, FL 34475	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, SHELLY M 1705 NW 16TH COURT OCALA, FL 34475	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Noble J. Washington</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-5-07 (352-873-7487) <small>Date Daytime Phone #</small>



01312007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required