


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90011 041 \*\*\*\*61.25

<b>DOCUMENT # N25029</b> 1. Entity Name <b>FREEWILL MINISTRIES, INC.</b>					
Principal Place of Business <b>1050 CENTER STREET P.O. BOX 2665 LAKE CITY, FL 32055</b>			Mailing Address <b>1050 CENTER STREET P.O. BOX 2665 LAKE CITY, FL 32055</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2926340</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROWN, HENRIETTA ROSS 310 ALBRIGHT STREET LAKE CITY, FL 32055</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILLIAMS, LUCIOUS</b>	NAME			
STREET ADDRESS	<b>RT. 1 BOX 4200</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>GLEN ST. MARY, FL</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FULTON, ANNIE LAURA</b>	NAME			
STREET ADDRESS	<b>RT. 7 BOX 719</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE CITY, FL</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILLIAMS, CASTLE</b>	NAME			
STREET ADDRESS	<b>RT. 1 BOX 4200</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>GLEN ST. MARY, FL</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FULTON, LARRY</b>	NAME	<b>Deacon Larry Fulton</b>		
STREET ADDRESS	<b>RT. 7 BOS 719</b>	STREET ADDRESS	<b>RR 7 Box 447</b>		
CITY-ST-ZIP	<b>LAKE CITY, FL</b>	CITY-ST-ZIP	<b>Lake City, FL 32055</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BROWN, HENRIETTA R.</b>	NAME	<b>Secretary-Church Henrietta R. Brown</b>		
STREET ADDRESS	<b>310 ALBRIGHT STREET</b>	STREET ADDRESS	<b>248 Albright Place</b>		
CITY-ST-ZIP	<b>LAKE CITY, FL</b>	CITY-ST-ZIP	<b>Lake City, FL 32055</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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>SIGNATURE: <i>Henrietta R. Brown</i></b>		<b>HENRIETTA R. BROWN</b>		<b>2/23/2004 (386)752-6109</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	