

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90319 040 \*\*\*\*69.75

**DOCUMENT # N42646**

1. Entity Name  
**FREE WILL TEMPLE OF GOD, INC.**



Principal Place of Business  
**24 SPRING LOOP CIRCLE  
OCALA, FL 34478**

Mailing Address  
**P.O. BOX 1602  
SILVER SPRING, FL 34489**

2. Principal Place of Business  
**1543 N.E. 22nd Avenue**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Ocala, FL**

City & State

Zip  
**34470**

Country  
**USA**

Zip

Country

04292004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3053381**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PATTERSON, BARBARA J  
18255 NW 60TH AVE  
REDDICK, FL 32686**

**7. Name and Address of New Registered Agent**

Name  
**MOSELY, MARY LOUISE**

Street Address (P.O. Box Number is Not Acceptable)  
**3640 NE 41st Street**

Apt. 4

City  
**OCALA** **FL** Zip Code  
**34475**

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 *Mary Louise Mosely* Vice President April 29, 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
MOSELY, MIZEL  
1543 N.E 22 AVE  
SILVER SPRINGS, FL 34489** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
MITCHELL, MARY  
24 SPRING LOOP CIRCLE  
OCALA, FL 34478** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WILSON, JENNIFER  
5400 NW 2ND ST.  
OCALA, FL 34482** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
MILLS, JOE JR  
4872 SE 110TH ST  
BELLEVIEW, FL 34420** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
PATTERSON, BARBARA J  
18255 NW 60TH AVE  
REDDICK, FL 32686** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V/T  
MOSELY, MARY LOUISE  
3640 NE 41st Street - #4  
Ocala, FL 34475** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**6895 NW 5th Avenue  
Ocala, FL 34495** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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: *Mary Louise Mosely* April 29 2004 352-629-1555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #