

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42646

FILED
May 01, 2005
Secretary of State

Entity Name: FREE WILL TEMPLE OF GOD, INC.

Current Principal Place of Business:

1543 N.E. 22ND AVENUE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1602
SILVER SPRING, FL 34489

New Mailing Address:

FEI Number: 59-3053381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MOSELY, MARY LOUISE
3640 NE 41ST STREET
APT. 4
OCALA, FL 34475 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: PD () Delete
Name: MOSELY, MIZEL
Address: 1543 N.E. 22 AVE.
City-St-Zip: SILVER SPRINGS, FL 34489

Title: VT () Delete
Name: MOSELY, MARY LOUISE
Address: 3640 NE 41ST STREET - #4
City-St-Zip: OCALA, FL 34475

Title: D () Delete
Name: WILSON, JENNIFER
Address: 6895 NW 5TH AVENUE
City-St-Zip: OCALA, FL 34475

Title: SD () Delete
Name: MILLS, JOE JR
Address: 4872 SE 110TH ST
City-St-Zip: BELLEVUE, FL 34420

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 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 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: MIZEL MOSELY

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date