


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005088

1. Entity Name
FREE WILL SPIRIT CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business Mailing Address

**2630 NW 3RD AVE.
 OCALA FL 34475
 US** **6358 NW 44TH AVE
 OCALA FL 34482**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FCI Number Applied For

59-3483744 Not Applicable

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

6. Name and Address of Current Registered Agent

**TURNER, CRAIG W
 2603 SE 17TH ST SUITE C
 OCALA FL 34471**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

6. 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 _____ DATE _____

(Signature, typed or printed name of registered agent and title if applicable) *(Typed, Registered Agent signature required when renouncing)*

1100000419030
 02/14/06-80031-002 61.25

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	WOODS, FRANK E SR	NAME	
STREET ADDRESS	6358 NW 44TH AVE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	TITLE	
NAME	WOODS, FRANK E JR	NAME	
STREET ADDRESS	6358 NW 44TH AVE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	
NAME	FOSTER, ANGELA W	NAME	
STREET ADDRESS	6358 NW 44TH AVE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ASD	TITLE	
NAME	GREENE, VALERIE W	NAME	
STREET ADDRESS	6358 NW 44TH AVE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	
NAME	WOODS, SHIRLEY T	NAME	
STREET ADDRESS	6358 NW 44TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Shirley T. Woods* *Feb 1, 2006*