

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # N97000005088</b>	
1. Entity Name <b>FREE WILL SPIRIT CHURCH OF GOD IN CHRIST, INC.</b>	
Principal Place of Business <b>2630 NW 3RD AVE. OCALA FL 34475 US</b>	Mailing Address <b>6358 NW 44TH AVE OCALA FL 34482</b>
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-3483744</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
<b>TURNER, CRAIG W 2603 SE 17TH ST SUITE C OCALA FL 34471</b>		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD WOODS, FRANK E SR 6358 NW 44TH AVE OCALA FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE	VD WOODS, FRANK E JR 6358 NW 44TH AVE OCALA FL 34482	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD FOSTER, ANGELA W 6358 NW 44TH AVE OCALA FL 34482	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ASD GREENE, VALERIE W 6358 NW 44TH AVE OCALA FL 34482	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T WOODS, SHIRLEY T 6358 NW 44TH AVENUE OCALA FL 34482	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<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:** Frank E Woods Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-22-07 Daytime Phone: 352-732-1338