

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 11, 2008 8:00 am
Secretary of State

02-12-2008 90015 035 ****61.25

00000170



1st MOORE CR2E037 (10/07)

DOCUMENT # N97000005088 1. Entity Name FREE WILL SPIRIT CHURCH OF GOD IN CHRIST, INC.			
Principal Place of Business 2630 NW 3RD AVE. Ocala FL 34475 US		Mailing Address 6358 NW 44TH AVE Ocala FL 34482	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3942 N.W. 19th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, FL		4. FEI Number 59-3483744	
Zip 34475		Country Maine	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
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 _____	
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 _____ <small>Signature is for period until next registered report due. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME: WOODS, FRANK E SR STREET ADDRESS: 6358 NW 44TH AVE CITY-ST-ZIP: Ocala FL 34482	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: WOODS, FRANK E JR STREET ADDRESS: 6358 NW 44TH AVE CITY-ST-ZIP: Ocala FL 34482	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: FOSTER, ANGELA W STREET ADDRESS: 6358 NW 44TH AVE CITY-ST-ZIP: Ocala FL 34482	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ASD NAME: GREENE, VALERIE W STREET ADDRESS: 6358 NW 44TH AVE CITY-ST-ZIP: Ocala FL 34482	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: WOODS, SHIRLEY T STREET ADDRESS: 6358 NW 44TH AVENUE CITY-ST-ZIP: Ocala FL 34482	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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: <u>Frank E. Woods Sr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3-6-08</u> <small>Date (Month/Day/Year)</small>	