

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005088

FILED
Mar 13, 2009
Secretary of State

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

Current Principal Place of Business:

2630 NW 3RD AVE.
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

3942 NW 19TH AVE
OCALA, FL 34475

New Mailing Address:

FEI Number: 59-3483744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: WOODS, FRANK E SR
Address: 6358 NW 44TH AVE
City-St-Zip: Ocala, FL 34482

Title: VD () Delete
Name: WOODS, FRANK E JR
Address: 6358 NW 44TH AVE
City-St-Zip: Ocala, FL 34482

Title: SD () Delete
Name: FOSTER, ANGELA W
Address: 6358 NW 44TH AVE
City-St-Zip: Ocala, FL 34482

Title: ASD () Delete
Name: GREENE, VALERIE W
Address: 6358 NW 44TH AVE
City-St-Zip: Ocala, FL 34482

Title: T () Delete
Name: WOODS, SHIRLEY T
Address: 6358 NW 44TH AVENUE
City-St-Zip: Ocala, FL 34482

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VALERIE W. GREENE

ASD

03/13/2009

Electronic Signature of Signing Officer or Director

Date