2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# 727160

Entity Name: FREEDOM UNIVERSITY, INC.

Current Principal Place of Business:

1150 HARBOR BLVD
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

1150 HARBOR BLVD
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-1569223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROONEY, J. MICHAEL ESQ
306 EAST OLYMPIA AVENUE
PUNTA GORDA, FL 33950 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:	PTSD	( ) Delete
Name:	KOLENDA, DANIEL P	
Address:	1150 HARBOR BLVD	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	( ) Delete
Name:	KAGER, MELISSA S	
Address:	411 LUCYS LANE	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	D	( ) Delete
Name:	DEAN, TALULAH E	
Address:	76 GREENWOOD AVE	
City-St-Zip:	ORMOND BEACH, FL 32172	
Title:	D	( ) Delete
Name:	KOLENDA, DANIEL P JR	
Address:	25380 PALISADES	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	D	( ) Delete
Name:	ROONEY, J MICHAEL ESQ	
Address:	306 EAST OLYMPIA AVE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	MCKEE, JAMES A	
Address:	2935 THOMAS LANE	
City-St-Zip:	NORTH PORT, FL 34286	

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:	
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: DANIEL P. KOLENDA PTSD 04/14/2005

Electronic Signature of Signing Officer or Director — Date