

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727160

FILED
Apr 30, 2007
Secretary of State

Entity Name: FREEDOM UNIVERSITY, INC.

Current Principal Place of Business:

3279 SHERWOOD RD.
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

3279 SHERWOOD RD.
PORT CHARLOTTE, FL 33980

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 JR.
Address: 25380 PALISADES
City-St-Zip: PUNTA GORDA, FL 33983

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: 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:

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: DANIEL P. KOLENDA JR.

PTSD

04/30/2007

Electronic Signature of Signing Officer or Director

Date