

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007499

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FREEDOM FOR CHARITY INC.

**Current Principal Place of Business:**

5000 US HIGHWAY 17  
SUITE 18 # 186  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

5000 US HIGHWAY 17  
SUITE 18 # 186  
ORANGE PARK, FL 32003

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JANOWICZ, STEVE  
5000 US HIGHWAY 17  
SUITE 18 # 186  
ORANGE PARK, FL 32003 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: JANOWICZ, STEVE  
Address: 5000 US HIGHWAY 17, SUTIE 18 # 186  
City-St-Zip: ORANGE PARK, FL 32003

Title: STD                      ( ) Delete  
Name: JANOWICZ, LAURA  
Address: 5000 US HIGHWAY 17, SUTIE 18 # 186  
City-St-Zip: ORANGE PARK, FL 32003

Title: VD                      ( ) Delete  
Name: LAKE, LINDA  
Address: 5000 US HIGHWAY 17, SUTIE 18 # 186  
City-St-Zip: ORANGE PARK, FL 32003

**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:

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: LAURA JANOWICZ

STD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date