

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

|   |   |  |  |                                       |   |
|---|---|--|--|---------------------------------------|---|
| <b>DOCUMENT # N97000001945</b>  |   |  |  |                                       |   |
| <b>1. Entity Name</b><br>SET FREE COALITION OUTREACH PROGRAMS, INC.   |   |  |  |                                       |   |
| <b>Principal Place of Business</b><br>324 NW 16TH PLACE<br>POMPANO BEACH, FL 33060 US   |   |  | <b>Mailing Address</b><br>324 NW 16TH PLACE<br>C/O JOHNNY L. ZANDERS<br>POMPANO BEACH, FL 33060 US                       |                                       |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>                                      |  |                                       |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |                                       |   |
| City & State  |   | City & State   |  |                                       |   |
| Zip   | Country   | Zip  | Country  | <b>4. FEI Number</b><br>65-0826606    |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>ZANDERS, JOHNNY L<br>324 NW 16TH PLACE<br>POMPANO BEACH, FL 33060   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                       |   |
| FL  |   |  | Zip Code   |                                       |   |
| <b>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.</b>  |   |  |  |                                       |   |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |                                       |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>    |   |
| <b>Make check payable to Florida Department of State</b>  |   |  |  |                                       |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |                                       |   |
| <b>TITLE</b><br>PD  | <b>NAME</b><br>GWINGS, SEAN                     |  | <input type="checkbox"/> Delete  | <b>TITLE</b>                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>301 NW 16TH PLACE  | <b>CITY-ST-ZIP</b><br>POMPANO BEACH, FL 33060   |  |  | <b>NAME</b>                           | U000000606779   |
| <b>STREET ADDRESS</b><br>1470 SW 11TH WAY 303   | <b>CITY-ST-ZIP</b><br>DEERFIELD BEACH, FL 33441 |  |  | <b>STREET ADDRESS</b>                 | 01/31/07-80011-007 61.25  |
| <b>TITLE</b><br>SD  | <b>NAME</b><br>BORDEN, BETTY                    |  | <input type="checkbox"/> Delete  | <b>TITLE</b>                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>4145 NW 59TH ST  | <b>CITY-ST-ZIP</b><br>COCONUT CREEK, FL 33073   |  |  | <b>NAME</b>                           |   |
| <b>TITLE</b><br>TD  | <b>NAME</b><br>RUSSELL, CHARLIE                 |  | <input type="checkbox"/> Delete  | <b>TITLE</b>                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b>                              |  |  | <b>STREET ADDRESS</b>                 |   |
| <b>TITLE</b>  | <b>NAME</b>                                     |  | <input type="checkbox"/> Delete  | <b>TITLE</b>                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>                              |  |  | <b>NAME</b>                           |   |
| <b>TITLE</b>  | <b>NAME</b>                                     |  | <input type="checkbox"/> Delete  | <b>TITLE</b>                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>                              |  |  | <b>NAME</b>                           |   |
| <b>TITLE</b>  | <b>NAME</b>                                     |  | <input type="checkbox"/> Delete  | <b>TITLE</b>                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>                              |  |  | <b>NAME</b>                           |   |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |   |  |  |                                       |   |
| <b>SIGNATURE:</b> <i>Johnny L. Zanders</i> <b>Johnny L. Zanders</b> 1/24/2007 (954) 675-8311  |   |  |  |                                       |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |  |                                       |   |