

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000205

Entity Name: THE FREEDOM & VIRTUE INSTITUTE, INC.**Current Principal Place of Business:**2700 EVANS AVENUE
SUITE #4
FORT MYERS, FL 33901**Current Mailing Address:**5781 LEE BOULEVARD
208-340
LEHIGH ACRES, FL 33971 US**FEI Number:** 20-2927564**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HERNANDEZ, ISMAEL
13252 HASTINGS LANE
FORT MYERS, FL 33913 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	LYONS, DAVE
Address	18251 PARKSIDE GREENS DRIVE
City-State-Zip:	FORT MYERS FL 33908

Title	DIRECTOR
Name	GAMBA, JOHN F
Address	5598 SUNRISE DRIVE
City-State-Zip:	FORT MYERS FL 33913

Title	TRE
Name	DE DEUGD B, ILL
Address	2620 JEFFCOTT STREET
City-State-Zip:	FORT MYERS FL 33901

Title	CHAIRMAN
Name	MCCORD, JAMES
Address	2914 CLEVELAND AVENUE
City-State-Zip:	FORT MYERS FL 33901

Title	D
Name	HERNANDEZ, ISMAEL
Address	13252 HASTINGS LANE
City-State-Zip:	FORT MYERS FL 33913

Title	D
Name	RILEY, RICHARD
Address	1529 SAND CASTLE ROAD
City-State-Zip:	SANIBEL ISLAND FL 33957

Title	VC
Name	WRIGHT, DAN
Address	14867 SOARING EAGLE CT
City-State-Zip:	FORT MYERS FL 33912

Title	DIRECTOR
Name	KEREKES, CARRIE DR.
Address	12808 VISTA PINE CIRCLE
City-State-Zip:	FORT MYERS FL 33913

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I hereby 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 all other like empowered.

SIGNATURE: ISMAEL HERNANDEZ**EXECUTIVE DIRECTOR****04/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SALOME, CARMEN
Address	157 SE 27 TERRACE
City-State-Zip:	CAPE CORAL FL 33904