

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000205

Entity Name: THE FREEDOM & VIRTUE INSTITUTE, INC.**Current Principal Place of Business:**4501 COLONIAL BLVD,
ROOM H371
FORT MYERS, FL 33916**Current Mailing Address:**PO BOX 1320
FORT MYERS, FL 33902 US**FEI Number:** 20-2927564**Certificate of Status Desired:** No**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	DIRECTOR
Name	SALOME, CARMEN
Address	STATE STATUE 119
City-State-Zip:	STATE STATUTE 119 FL

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

Title	TREASURER
Name	KEREKES, CARRIE DR.
Address	4501 COLONIAL BLVD, ROOM H371
City-State-Zip:	FORT MYERS FL 33916

Title	SECRETARY
Name	RODRIGUEZ, SAMUEL REV
Address	4501 COLONIAL BLVD, ROOM H371
City-State-Zip:	FORT MYERS FL 33916

Title	CHAIRPERSON
Name	FELICIANO, NEFTALI
Address	4501 COLONIAL BLVD, ROOM H371
City-State-Zip:	FORT MYERS FL 33916

Title	VICE CHAIRPERSON
Name	CUMMINS, JAHA
Address	4501 COLONIAL BLVD, ROOM H371
City-State-Zip:	FORT MYERS FL 33916

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****03/31/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date