

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004363

Entity Name: SELAH FREEDOM, INC.**Current Principal Place of Business:**100 WALLACE AVENUE
260
SARASOTA, FL 34237**Current Mailing Address:**PO BOX 21415
SARASOTA, FL 34276 US**FEI Number:** 45-5189165**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOODY, BRENT A ESQ.
812 LOUDEN AVENUE
DUNEDIN, FL 34698 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:** BRENT A. WOODY

01/15/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FISHER, ELIZABETH
Address PO BOX 21415
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name SWINK, LAURIE
Address PO BOX 21415
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR, CHAIRMAN
Name STINSON, MISTY
Address PO BOX 21415
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name MASON, CAROLYN
Address PO BOX 21415
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name SCHMITT, ROBYN
Address PO BOX 21415
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR, TREASURER
Name MCGEE, J.CHRIS
Address PO BOX 21415
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR, VC
Name SUPE, STEPHEN
Address PO BOX 21415
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR, SECRETARY
Name SIMPLER, SHAHLA ESQ.
Address PO BOX 21415
City-State-Zip: SARASOTA FL 34276

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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: ELIZABETH FISHER

DIRECTOR

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NESSETTI, MATTHEW PHD
Address PO BOX 21415
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name BOWMAN, JOHN
Address PO BOX 21415
City-State-Zip: SARASOTA FL 34276