

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000001410

**Entity Name:** CENTER FOR INDIVIDUAL FREEDOM, INC.

**Current Principal Place of Business:**

815 KING STREET, SUITE 303  
ALEXANDRIA, VA 22314

**Current Mailing Address:**

4850 WRIGHT RD.  
168  
STAFFORD, TX 77477

**FEI Number:** 54-1916980

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PD  
Name MAZZELLA, JEFFREY L  
Address 815 KING STREET, SUITE 303  
City-State-Zip: ALEXANDRIA VA 22314

Title CD  
Name FABRIZIO, ANTHONY M  
Address 815 KING STREET, SUITE 303  
City-State-Zip: ALEXANDRIA VA 22314

Title STBD  
Name GIACHINO, RENEE  
Address 815 KING STREET, SUITE 303  
City-State-Zip: ALEXANDRIA VA 22314

Title D  
Name HERSCHENSOHN, BRUCE  
Address 815 KING STREET, SUITE 303  
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR  
Name CRAIG, CHRISTOPHER T  
Address 815 KING STREET, SUITE 303  
City-State-Zip: ALEXANDRIA VA 22314

*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:** JEFFREY L. MAZZELLA

**PRESIDENT/DIRECTOR**

**02/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date