

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003485

**FILED  
Jun 26, 2018  
Secretary of State  
CC1258045577**

**Entity Name:** FREEDOM EXCHANGE COMMUNITY DEVELOPMENT CENTER OF THE AMERICAS FOUNDATION, INC.

**Current Principal Place of Business:**

16192 COASTAL HIGHWAY  
LEWES, DE 19958

**Current Mailing Address:**

16192 COASTAL HIGHWAY  
LEWES, DE 19958

**FEI Number: 45-3643061**

**Certificate of Status Desired: Yes**

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

REGISTERED AGENTS, INC.  
3030 N. ROCKY POINT DR. STE 150A  
TAMPA, FL 33607 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 P  
Name CURTIS, THOMAS PASTOR  
Address 16192 COASTAL HIGHWAY  
City-State-Zip: LEWES DE 19958

Title VP  
Name MCNAIR, CLARENCE LEROY DR.  
Address 16192 COASTAL HIGHWAY  
City-State-Zip: LEWES DE 19958

Title CFO, DIRECTOR  
Name MORRIS, CORVIN E  
Address 16192 COASTAL HIGHWAY  
City-State-Zip: LEWES DE 19958

Title VP, CORRESPONDING SECRETARY,  
DIRECTOR  
Name EVANS, TRACIE  
Address 16192 COASTAL HIGHWAY  
City-State-Zip: LEWES DE 19958

Title VC, DIRECTOR  
Name LUTSENKO, GENNADY  
Address 16192 COASTAL HIGHWAY  
City-State-Zip: LEWES DE 19958

Title VP, DIRECTOR  
Name HIMMER, HILDEGARD  
Address 16192 COASTAL HIGHWAY  
City-State-Zip: LEWES DE 19958

*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: THOMAS CURTIS**

**CONSULTANT**

**06/26/2018**

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

\_\_\_\_\_  
Date