

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90096 035 ****61.25

DOCUMENT # 727160

1. Entity Name

FREEDOM SEMINARY, INC.

Principal Place of Business

**1150 HARBOR BLVD
 PORT CHARLOTTE FL 33952**

Mailing Address

**1150 HARBOR BLVD
 PORT CHARLOTTE FL 33952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1569223

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROONEY, J. MICHAEL ESQ
 306 EAST OLYMPIA AVENUE
 PUNTA GORDA FL 33950**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTSD** ☐ Delete
 NAME **KOLENDA, DANIEL P**
 STREET ADDRESS **1150 HARBOR BLVD**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** ☐ Change ☒ Addition
 NAME **Rooney, J. Michael ESQ**
 STREET ADDRESS **306 East Olympia Ave.**
 CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **D** ☐ Delete
 NAME **KAGER, MELISSA S**
 STREET ADDRESS **411 LUCYS LANE**
 CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **D** ☐ Change ☒ Addition
 NAME **McKee, James A.**
 STREET ADDRESS **2935 Thomas Lane**
 CITY-ST-ZIP **North Port, FL 34286**

TITLE **D** ☐ Delete
 NAME **DEAN, TALULAH E**
 STREET ADDRESS **76 GREENWOOD AVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32172**

TITLE **D** ☐ Change ☒ Addition
 NAME **Wilson, Gene**
 STREET ADDRESS **305 Shoreland St.**
 CITY-ST-ZIP **Port Charlotte, FL 33954**

TITLE **D** ☐ Delete
 NAME **KOLENDA, DANILE P JR**
 STREET ADDRESS **25380 PALISADES**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **D** ☐ Change ☒ Addition
 NAME **Johnson, James A.**
 STREET ADDRESS **2201 Parkview Dr.**
 CITY-ST-ZIP **Ft. Myers, FL 33905**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DANIEL P. KOLENDA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL P. KOLENDA 4-29-02

Date

941-625-4450

Daytime Phone #

CR2E037 (9/01)