

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90010 050 ****61.25

DOCUMENT # 727160

1. Entity Name
FREEDOM UNIVERSITY, INC.



Principal Place of Business
**1150 HARBOR BLVD
PORT CHARLOTTE, FL 33952**

Mailing Address
**1150 HARBOR BLVD
PORT CHARLOTTE, FL 33952**

04010251



DO NOT WRITE IN THIS SPACE

02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1569223

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROONEY, J MICHAEL ESQ
306 EAST OLYMPIA AVE
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCKEE, JAMES A
2935 THOMAS LANE
NORTH PORT, FL 34286**

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IN THIS SPACE**

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. Kolenka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-04

941-625-4450