

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727160

FILED
May 16, 2006
Secretary of State

Entity Name: FREEDOM UNIVERSITY, INC.

Current Principal Place of Business:

1150 HARBOR BLVD
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

3279 SHERWOOD RD.
PORT CHARLOTTE, FL 33980

Current Mailing Address:

1150 HARBOR BLVD
PORT CHARLOTTE, FL 33952

New Mailing Address:

3279 SHERWOOD RD.
PORT CHARLOTTE, FL 33980

FEI Number: 59-1569223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: KOLENDA, DANIEL P
Address: 1150 HARBOR BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: KAGER, MELISSA S
Address: 411 LUCYS LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: DEAN, TALULAH E
Address: 76 GREENWOOD AVE
City-St-Zip: ORMOND BEACH, FL 32172

Title: D (X) Delete
Name: KOLENDA, DANIEL P JR
Address: 25380 PALISADES
City-St-Zip: PUNTA GORDA, FL 33983

Title: D () Delete
Name: ROONEY, J MICHAEL ESQ
Address: 306 EAST OLYMPIA AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: MCKEE, JAMES A
Address: 2935 THOMAS LANE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: KOLENDA, DANIEL P JR.
Address: 25380 PALISADES
City-St-Zip: PUNTA GORDA, FL 33983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANIEL P. KOLENDA, JR.

PTSD

05/16/2006

Electronic Signature of Signing Officer or Director

Date