

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756645

FILED
Jan 04, 2008
Secretary of State

Entity Name: FIRST FREEDOM, INC.

Current Principal Place of Business:

3924 W. SPRUCE ST
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3924 W. SPRUCE ST
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-2092730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERBY, TONI
2915 MAGDALENE WOODS DR
TAMPA, FL 33618 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: PC () Delete
Name: REDNER, JOE,
Address: 1310 ALICIA AVE.
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: LIROT, LUKE C.,
Address: 112 EAST ST SUITE B
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: WINTERS, MARSHA
Address: 8406 LYNN AVE.
City-St-Zip: TAMPA, FL 33604

Title: T () Delete
Name: DERBY, TONI,
Address: 2915 MAGDALENE WOODS DR.
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: DERBY, BRIAN
Address: 2915 MAGDALENE WOODS DR.
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: TONI DERBY

T

01/04/2008

Electronic Signature of Signing Officer or Director

Date