# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 03, 2008 08:00 A**
**Secretary of State**

DOCUMENT # F02000001692

1. Entity Name
CENTER FOR FAITH AND FREEDOM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7357 MERCHANT COURT<br>SARASOTA, FL 34240 US | 7357 MERCHANT COURT<br>SARASOTA, FL 34240 US |

02272008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
33-0365751
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, STUART J
7357 MERCHANT COURT
SARASOTA, FL 34240

**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 _____ DATE
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, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PCD |
| NAME | ROTH, STUART J |
| STREET ADDRESS | 7357 MERCHANT COURT |
| CITY-ST-ZIP | SARASOTA, FL 34240 |
| TITLE | VDTS |
| NAME | FRUH, AARON |
| STREET ADDRESS | 1501 KNOLLWOOD DR |
| CITY-ST-ZIP | MOBILE, AL 36695 |
| TITLE | DS |
| NAME | FRUH, SHARON |
| STREET ADDRESS | 1501 KNOLLWOOD DR |
| CITY-ST-ZIP | MOBILE, AL 36695 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

UI000084587
03/17/08-80001-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** _____ 2/27/2008 941-487-4061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #