

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001016

FILED
Apr 19, 2004
Secretary of State

Entity Name: FEEDOM ASSOCIATES FORT LAUDERDALE, INC.

Current Principal Place of Business:

2019 SW 20TH ST., SUITE 200
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

2019 SW 20TH ST., SUITE 220
FORT LAUDERDALE, FL 33315

Current Mailing Address:

2019 SW 20TH ST., SUITE 200
FORT LAUDERDALE, FL 33315

New Mailing Address:

2019 SW 20TH ST., SUITE 220
FORT LAUDERDALE, FL 33315

FEI Number: 30-0142338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHRISTIAN
2019 SW 20TH ST., SUITE 200
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

SMITH, CHRISTIAN
2019 SW 20TH ST., SUITE 220
FORT LAUDERDALE, FL 33315 US

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:

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDPT () Delete
Name: DEYOUNG, JAMES S
Address: 2231 MISSION HILLS DR., S.E.
City-St-Zip: GRAND RAPIDS, MI 49546

Title: DVS () Delete
Name: SMITH, CHRISTIAN
Address: 2019 SW 20TH ST., SUITE 200
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVS (X) Change () Addition
Name: SMITH, CHRISTIAN
Address: 2019 SW 20TH ST., SUITE 220
City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S. DEYOUNG

CDP

04/19/2004

Electronic Signature of Signing Officer or Director

Date