

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005411

FILED  
Aug 10, 2009  
Secretary of State

Entity Name: FREEDOM FINANCIAL MORTGAGE CORPORATION

**Current Principal Place of Business:**

6615 BROTHERHOOD WAY  
SUITE A  
FORT WAYNE, IN 46825

**New Principal Place of Business:**

**Current Mailing Address:**

6615 BROTHERHOOD WAY  
SUITE A  
FORT WAYNE, IN 46825

**New Mailing Address:**

FEI Number: 35-2029965      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STEVENSON, ROBERT L  
10014 N DALE MABRY HWY., STE 101  
TAMPA, FL 33618    US

**Name and Address of New Registered Agent:**

GASTON, BERT  
10014 N DALE MABRY HWY., STE 101  
TAMPA, FL 33618    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: BERT GASTON

08/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: HUNT, ROBIN W  
Address: 17318 DAWKINS RD  
City-St-Zip: NEW HAVEN, IN 46774

Title: VC ( ) Delete  
Name: HUNT, ROBIN W  
Address: 17318 DAWKINS RD  
City-St-Zip: NEW HAVEN, IN 46774

Title: D (X) Delete  
Name: CARTEAUX, ROBERT  
Address: 7009 WOODCROFT LANE  
City-St-Zip: FORT WAYNE, IN 46804

Title: D (X) Delete  
Name: BRIAN, KISTLER  
Address: 6461 N 100 E  
City-St-Zip: OSSIAN, IN 46777

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN W. HUNT

CP

08/10/2009

Electronic Signature of Signing Officer or Director

Date