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95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003011 (3)**

1. Corporation Name

FINANCIAL FREEDOM FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 3129 IDAHO FALLS ID 83403	PO BOX 3129 IDAHO FALLS ID 83403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1994**
3a. Date of Last Report:
4. FEI Number: **94-3123729** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREZ, JESSE
1640 W. OAKLAND PARK BLVD
SUITE 400
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jesse Perez — 4-15-95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered agent signature required) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	WALKER, CARL A	12 NAME		
STREET ADDRESS	132 N. WOODRUFF, SUITE B	13 STREET ADDRESS		
CITY-ST-ZIP	IDAHO FALLS ID	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	MASON, STERLING CPA	22 NAME		
STREET ADDRESS	185 S. CAPITAL	23 STREET ADDRESS		
CITY-ST-ZIP	IDAHO FALLS ID	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	MURDOCK, RAMONA	32 NAME		
STREET ADDRESS	1065 W. 125 N.	33 STREET ADDRESS		
CITY ST ZIP	BLACKFOOT ID	34 CITY ST ZIP		
TITLE	T	41 TITLE		☒ Change ☐ Addition
NAME	~~BERRETT, FRANK~~	42 NAME		
STREET ADDRESS	~~700 NORTH POINT~~	43 STREET ADDRESS		
CITY ST ZIP	~~SALT LAKE CITY UT~~	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

No Longer A Director or Officer

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol A. Walker — Carol A. Walker — 4-15-95 — (208) 529-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074940