

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

PO BOX 3129
IDAHO FALLS ID 83403

Mailing Address

PO BOX 3129
IDAHO FALLS ID 83403

3. Date Incorporated or Qualified

06/08/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 724 Front Street

26 P. O. Box 2125

4. FEI Number

94-3123729 82-0437973

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 340

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24 82930

25 USA

29 82931-2125

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **WALKER, CARL A**
STREET ADDRESS **132 N. WOODRUFF, SUITE B**
CITY-ST-ZIP **IDAHO FALLS ID**

TITLE **VD** ☒ DELETE
NAME **MASON, STERLING CPA**
STREET ADDRESS **185 S. CAPITAL**
CITY-ST-ZIP **IDAHO FALLS ID**

TITLE **SD** ☒ DELETE
NAME **MURDOCK, RAMONA**
STREET ADDRESS **1065 W. 125 N.**
CITY-ST-ZIP **BLACKFOOT ID**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **William Richards Cluny**
1.3 STREET ADDRESS **343 Gage Avenue**
1.4 CITY-ST-ZIP **Evanston, Wyoming 82930**

2.1 TITLE **STD** ☒ Change ☐ Addition
2.2 NAME **Julie A. Johnson**
2.3 STREET ADDRESS **306 Hickey Avenue**
2.4 CITY-ST-ZIP **Evanston, Wyoming 82930**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Brian R. Pickett**
3.3 STREET ADDRESS **1524 Falcon Drive**
3.4 CITY-ST-ZIP **Idaho Falls, Idaho 83406**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

William Richards Cluny *William Richards Cluny*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

Date

(307) 789-2010

Daytime Phone #

CR2E037 (12/95)