

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004411

1. Corporation Name

FREEDOM FINANCIAL CORPORATION OF INDIANA

Principal Place of Business

P.O. BOX 3027
LOUISVILLE KY 40201

Mailing Address

2669 CHARLESTOWN RD
SUITE D
NEW ALBANY FL 32550
US

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90174 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1994

4. FEI Number

35-1634756

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes No

9. Name and Address of Current Registered Agent

BREWTON, WILBUR E
225 S. ADAMS STREET, STE 250
TALLAHASSEE FL 32301

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

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 C ☐ DELETE

NAME COLLETT, W B
STREET ADDRESS 7329 MARSH TERRACE
CITY-ST-ZIP PORT ST LUCIE FL

TITLE VSD ☐ DELETE

NAME COLLETT JR., W B
STREET ADDRESS 7329 MARSH TERRACE
CITY-ST-ZIP PORT ST LUCIE FL

TITLE VTD ☒ DELETE

NAME HENSLEY, TIMOTHY L
STREET ADDRESS 714 DENHAM LANE
CITY-ST-ZIP CHARLESTON IN

TITLE D ☐ DELETE

NAME HURD, ROBERT L
STREET ADDRESS #7 PARTRIDGE RUN
CITY-ST-ZIP WARREN NJ

TITLE V ☒ DELETE

NAME COLLETT, HILDA M
STREET ADDRESS 1333 TEMPLE JOHNSON RD.
CITY-ST-ZIP LOGANVILLE GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

500 N. Congress Ave. #D109
DELRAY Beach, FL 33445

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

500 N. Congress Ave #D109
DELRAY Beach, FL 33445

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)