

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000661

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** CITIZENS FOR HEALTH FREEDOM, INC.

**Current Principal Place of Business:**

11127 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32407

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18049  
PANAMA CITY BEACH, FL 324178049

**New Mailing Address:**

**FEI Number:** 59-3703373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILTON, JULIE K  
11127 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32407 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HILTON, JULIE K  
Address: 11127 FRONT BEACH ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: DST ( ) Delete  
Name: WEST, B J  
Address: 1317 BUCKINGHAM ROAD  
City-St-Zip: WINTERPARK, FL 32789

Title: D ( ) Delete  
Name: HILTON, L C  
Address: 11127 FRONT BEACH ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D ( ) Delete  
Name: ALVAREZ, TED  
Address: 11127 FRONT BEACH ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D ( ) Delete  
Name: WHITSITT, RICHARD L  
Address: 2454 PRETTY BAYOU BLVD  
City-St-Zip: PANAMA CITY, FL 32405

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE K. HILTON

DP

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date