

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002257

FILED
Jan 15, 2004
Secretary of State

Entity Name: FINAL FREEDOM AFTERCARE, INC.

Current Principal Place of Business:

7133 KEEL COURT
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7133 KEEL COURT
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3707359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSH, LAWRENCE J
7133 KEEL COURT
ORLANDO, FL 32835 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: PDT () Delete
Name: WALSH, LAWRENCE J
Address: 7133 KEEL COURT
City-St-Zip: ORLANDO, FL 32835

Title: SD () Delete
Name: WALSH, GISELA J P
Address: 7133 KEEL COURT
City-St-Zip: ORLANDO, FL 32835

Title: VD () Delete
Name: DEIST, KARL W
Address: 2512 MARTINWOOD DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: BISSONETTE, JOSEPH
Address: 7243 HIAWASSEE OAK DR.
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: HUGHES, JOHN A
Address: 920 W. NEW HAMPSHIRE STREET
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: COLON-RIVERA, MARIA S
Address: 5075 ERNST COURT
City-St-Zip: ORLANDO, FL 32819

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 Section 119.07(3)(i), 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: LAWRENCE J. WALSH

PD

01/15/2004

Electronic Signature of Signing Officer or Director

Date