


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90753 006 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N01000002393			
1. Entity Name FREEDOM 7 FUNDRAISING COMMITTEE, INC.			
Principal Place of Business 400 4TH STREET COCOA BEACH, FL 32931		Mailing Address 400 4TH STREET COCOA BEACH, FL 32931	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04282004		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3699386		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KNIPPEL, WENDY 400 4TH STREET COCOA BEACH, FL 32931		Name <u>Dorrine Zimmerman</u> Street Address (P.O. Box Number is Not Acceptable) <u>400 S. 4th Street</u> City <u>Cocoa Beach</u> FL Zip Code <u>32931</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Dorrine Zimmerman</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JASON	NAME	
STREET ADDRESS	400 4TH STREET	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAZICH, JANE	NAME	
STREET ADDRESS	400 4TH STREET	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, KIM	NAME	
STREET ADDRESS	400 4TH STREET	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIPPEL, WENDY	NAME	
STREET ADDRESS	400 4TH STREET	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROCHOWSKI, BRENDA	NAME	
STREET ADDRESS	400 4TH STREET	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Wendy Knippel</u>		Date <u>4-27-04</u> Daytime Phone # <u>321-868-6610</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	