

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000002398**

1. Entity Name  
**THE FREEDOM CENTER OF LAKE LAND, INC.**



Principal Place of Business  
**P O BOX 93522  
LAKE LAND, FL 33804-3522**

Mailing Address  
**P O BOX 93522  
LAKE LAND, FL 33804-3522**



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0686634**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MCBRIDE, DAN A  
1400 GRASSLANDS BLVD #84  
LAKE LAND, FL 33803**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000779902  
01/11/08-80055-024 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, EMORY 1036 S FLORIDA AVE LAKE LAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACA, SAM 3527 ASHLING DR LAKE LAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKBURN, M WAYNE PO BOX 90489 LAKE LAND, FL 338040489
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNSON, LEE P O BOX 407 LAKE LAND, FL 338020407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSHEY, JOYCE 5638 BLOOMFIELD BLVD LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZARLE, MICHAEL PO BOX 93522 LAKE LAND, FL 338043522

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-8-08 (863) 413-0088**