2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001584

1. Entity Name
SET FREE, INC.

Principal Place of Business	Mailing Address
5423 SW 87TH PLACE OCALA, FL 34476	P.O. BOX 771102 OCALA, FL 34477-1102

DO NOT WRITE IN THIS SPACE

01082004   No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
02-0608405	Not Applicable

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

6. Name and Address of Current Registered Agent

GIVENS, DON
5423 SW 87TH PLACE
OCALA, FL 34476

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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 1/8/04

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIVENS, DON
STREET ADDRESS	5423 SW 87TH PLACE
CITY-ST-ZIP	OCALA, FL 34476

TITLE	D
NAME	GIVENS, JUDY
STREET ADDRESS	5423 SW 87TH PLACE
CITY-ST-ZIP	OCALA, FL 34476

TITLE	T
NAME	LEACH, BILL E
STREET ADDRESS	6509 NW 21 STREET
CITY-ST-ZIP	OCALA, FL 34482

TITLE	T
NAME	POWELL, MIKE
STREET ADDRESS	9665 SW 19 AVE RD.
CITY-ST-ZIP	OCALA, FL 34476

TITLE	T
NAME	WAITE, TOM
STREET ADDRESS	8667 D SW 975
CITY-ST-ZIP	OCALA, FL 34481

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04--80058-008 61.25

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 1/8/04   Daytime Phone #