

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001584

FILED
Mar 10, 2005
Secretary of State

Entity Name: SET FREE, INC.

Current Principal Place of Business:

5423 SW 87TH PLACE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771102
OCALA, FL 344771102

New Mailing Address:

FEI Number: 02-0608405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIVENS, DON
5423 SW 87TH PLACE
OCALA, FL 34476 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: D () Delete
Name: GIVENS, DON
Address: 5423 SW 87TH PLACE
City-St-Zip: Ocala, FL 34476

Title: D () Delete
Name: GIVENS, JUDY
Address: 5423 SW 87TH PLACE
City-St-Zip: Ocala, FL 34476

Title: T () Delete
Name: LEACH, BILL E
Address: 6509 NW 21 STREET
City-St-Zip: Ocala, FL 34482

Title: T () Delete
Name: POWELL, MIKE
Address: 9665 SW 19 AVE RD.
City-St-Zip: Ocala, FL 34476

Title: T () Delete
Name: WAITE, TOM
Address: 8667 D SW 975
City-St-Zip: Ocala, FL 34481

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 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: DON GIVENS

D

03/10/2005

Electronic Signature of Signing Officer or Director

Date