

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001584

FILED  
Apr 19, 2007  
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 Chapter 119, 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

04/19/2007

Electronic Signature of Signing Officer or Director

Date