## **2004 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # N02000002012** 

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

1. Entity Nam FREEWIL		HIP CENTER, INC	C.						05	-03-200	)4 912 <b>3</b>	1 039	*** / U.UU
Principal Place 1605 MERCY ORLANDO, FU	DRIVE	US	625 W	Address /EST_ANDERSON NDO, FL 32805	STREET								
2. Principal Pi	lans of Rusin	Lee	3 Mailir	ng Address									
		own Point		Box 77	71058	3		f (#B331101 #11	I WÜLTIN BINIT MUTEI	2011 2011 C	Pres Berne dier	1 MB(8) MB18 111	L1(0)
Suite, Apt.	#. etc.		Suit	e, Apt. #. etc.				05012004	Chg-NP		CR2E03	7 (10/03)	
City & State Winter		en, Fla.		& State Ler Gard	lon	Fla		4. FEI Number 32-008					oplied For of Applicable
Zip	Jara	Country	Zip	LEI Gall	Cou			5. Certificate	of Status De	esired		8.75 Add	
34787	6 Nome	U.S.A. and Address of Current	347		<u>U.Ş</u>	5.A.	l	7. Name and				ee Require	d -
	o. Name	and Address of Current	negisteret	ı Ayent		Name		7. Name and	Address O	Hew neg	nstereu n	yent	
DUNSTON 625 WEST ORLANDO	ANDERS	ON STREET				Street Ac	ddress (F	P.O. Box Numb	er is Not Acc	ceptable)			
	Ş					City					FL	Zip Cod	le
	named entity ions of regist	submits this statement for ered agent.	or the purpo	ise of changing its	registere	ed office or	registere	ed agent, or bo	ith, in the Sta	te of Florid	da. I am fa	amiliar with,	and accept
, SIGNATURE,	Signalure, typed	or printed harns of registered agen	Land Ulo if appli	cable. (NOT	E: Registered	d Agen) signatu	re required	when renstating)			DATE		
<u> </u>	-	e is \$61.25		9. Election Cal	_			\$5.00 May 8				payable t	í
D	-	tember 8, 2004	RECTORS	9. Election Cal Trust Fund (	Contributi		Ц	Added to Fees	.,	Florid	a Depart	ment of S	tate
D. 	-		RECTORS	Trust Fund (	_	ion.	∐ 	Added to Fees	.,	Florid	a Depart	ment of S	tate
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12. Thereby 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: Denese Dunston	Denese Dunston	5-01-04	(407)	443-6007
SIGNATURE AND TYPED OR PRINTED NAME OF S	Darc	•	Daylime Phone +	