

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90015 017 ****70.00

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|--|--|--|---|--|--|
| DOCUMENT # N02000002827 1. Entity Name FOUR FREEDOMS FOUNDATION, INC. | | | | | |
| Principal Place of Business 406 MAGNOLIA DRIVE CLEARWATER, FL 33756 | | | | Mailing Address 406 MAGNOLIA DRIVE CLEARWATER, FL 33756 | |
| 2. Principal Place of Business 9880 MENAUL BLVD Suite, Apt. #, etc. H-14 | | 3. Mailing Address PO BOX 565 Suite, Apt. #, etc. | | | |
| City & State ALBUQUERQUE, NM Zip 87112 | | City & State DATIL, NM Zip 87821 | | 4. FEI Number 01-0668145 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CALI, JOANNE G 406 MAGNOLIA DRIVE CLEARWATER, FL 33756 | | | | 7. Name and Address of New Registered Agent Name DEBRA BELLMAINE Street Address (P.O. Box Number is Not Acceptable) 1633 COACHMAKERS LANE City CLEARWATER FL 33765 | |
| 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 DEBRA BELLMAINE 1/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CALI, JOANNE G 406 MAGNOLIA DRIVE CLEARWATER, FL 33756 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CALI, JOANNE G 9880 MENAUL BLVD, H-14 ALBUQUERQUE, NM 87112 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRENNER, CHARLES J 406 MAGNOLIA DRIVE CLEARWATER, FL 33756 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRENNER, CHARLES J 9880 MENAUL BLVD, H-14 ALBUQUERQUE, NM 87112 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BELLMAINE, DEBRA 1633 COACHMAKERS LANE CLEARWATER, FL 33765 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: CHARLES J. PRENGER 1/20/04 505-772-5845 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |