

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002827

FILED
Feb 07, 2005
Secretary of State

Entity Name: FOUR FREEDOMS FOUNDATION, INC.

Current Principal Place of Business:

9880 MENDAL BLVD
H-14
ALBUQUERQUE, NM 87112

New Principal Place of Business:

10092 MENDAL BLVD
A-19
ALBUQUERQUE, NM 87112

Current Mailing Address:

PO BOX 565
DATIL, NM 87821

New Mailing Address:

FEI Number: 01-0668145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELLMARINE, DEBRA
1633 COACHMAKERS LANE
CLEARWATER, FL 33765 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: CALI, JOANNE G
Address: 9880 MENDAL BLVD., H-14
City-St-Zip: ALBUQUERQUE, NM 87112

Title: D () Delete
Name: PRENNER, CHARLES J
Address: 9880 MENDAL BLVD., #H-14
City-St-Zip: ALBUQUERQUE, NM 87112

Title: D () Delete
Name: BELLMARINE, DEBRA
Address: 1633 COACHMAKERS LANE
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CALI, JOANNE G
Address: 10092 MENDAL BLVD., #A-19
City-St-Zip: ALBUQUERQUE, NM 87112

Title: D (X) Change () Addition
Name: PRENNER, CHARLES J
Address: 10092 MENDAL BLVD., #A-19
City-St-Zip: ALBUQUERQUE, NM 87112

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: CHARLES J. PRENNER

D

02/07/2005

Electronic Signature of Signing Officer or Director

Date