



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90225 021 ****61.25

DOCUMENT # N02000005493					
1. Entity Name INTERNET FREEDOM ASSOCIATION, INC.					
Principal Place of Business 781 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714			Mailing Address 781 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 43-1969936	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALTERS, LAWRENCE G 781 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 YOUNG, CONNOR <input type="checkbox"/> Delete 2951 MARINA BAY DRIVE #130 LEAGUE CITY, TX 77573		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEELAN, GREGORY <input checked="" type="checkbox"/> Delete 101 W BROADWAY #1050 SAN DIEGO, CA 92101		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB RICE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 130 N. Brand Blvd., Suite 200 Glendale, CA 91203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANSHAW, CYNTHIA <input type="checkbox"/> Delete 7100 W CAMINO REAL BLVD #121 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/04 281-534-6356 <small>Date Daytime Phone #</small>		