

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

02252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
43-1969936

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, LAWRENCE G
781 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, CONNOR 2951 MARINA BAY DRIVE #130 LEAGUE CITY, TX 77573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICE, BOB 130 N. BRAND BLVD., SUITE 200 GLENDALE, CA 91203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FANSHAW, CYNTHIA 7100 W CAMINO REAL BLVD #121 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/22/05-80095-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #