

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009855

FILED
Apr 27, 2009
Secretary of State

Entity Name: MY FREEDOM QUEST, INC.

Current Principal Place of Business:

100 WISTERIA DRIVE
LONGWOOD, FL 32779 US

New Principal Place of Business:

455 DOUGLAS AVE
2155-27
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

100 WISTERIA DRIVE
LONGWOOD, FL 32779 US

New Mailing Address:

455 DOUGLAS AVE
2155-27
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 45-0534515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUTKINS, PETER A
100 WISTERIA DRIVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

BUTKINS, PETER A
455 DOUGLAS AVE.
SUITE 2155-27
ALTAMONTE SPRINGS, FL 32714 US

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: PETER A, BUTKINS, PH.D.

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVTD () Delete
Name: BUTKINS, PETER A
Address: 100 WISTERIA DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

Title: VD () Delete
Name: BUTKINS, P. ROBERT
Address: 144 BEECH BOTTOM ROAD
City-St-Zip: HOWARD, PA 16841 US

Title: TD () Delete
Name: OHAB, PAM
Address: 100 E SYBELIA AVE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER A. BUTKINS, PH.D.

PVTD

04/27/2009

Electronic Signature of Signing Officer or Director

Date