FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02212 (1)

1. Corporation Name

FREEDOM SEVEN SENIOR CITIZENS COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
400 S. 4TH STREET COCOA BEACH FL 32931	400 S. 4TH STREET COCOA BEACH FL 32931

3. Date Incorporated or Qualified: 03/27/1984	3a. Date of Last Report: 01/26/1995
4. FEI Number: 59-2423206	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MORGAN, MARY LOUISE
400 SOUTH 4TH ST. (OFFICE)
580 S BREVARD AVE #815 (HOME)
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name: JOESEPH R. MORGAN
82 Street Address (P.O. Box Number is Not Acceptable): 580 S. BREVARD AVE. #815
83
84 City: COCOA BEACH FL 85 Zip Code: 32931

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Joseph R. Morgan, President — 1-17-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	C/T	☒ Change ☐ Addition
NAME	MORGAN, MARY LOUISE		1.2 NAME	MARY LOUISE MORGAN	
STREET ADDRESS	580 S. BREVARD H. #815		1.3 STREET ADDRESS	580 S. BREVARD AVE., #815	
CITY-ST-ZIP	COCOA BEACH FL		1.4 CITY-ST-ZIP	COCOA BEACH FL	
TITLE	VD	☑ DELETE	2.1 TITLE	PT	☐ Change ☒ Addition
NAME	FRANKENBERG, RUDY		2.2 NAME	JOSEPH R. MORGAN	
STREET ADDRESS	141 ESTHER DRIVE		2.3 STREET ADDRESS	580 S. Brevard Ave., #815	
CITY-ST-ZIP	COCOA BEACH FL		2.4 CITY-ST-ZIP	Cocoa Beach Fl	
TITLE	TD	☐ DELETE	3.1 TITLE	TT	☒ Change ☐ Addition
NAME	MICHON, ERNEST		3.2 NAME	PAUL WANSTREET	
STREET ADDRESS	350 WOODLAND AVE., APT. 5		3.3 STREET ADDRESS	3450 Ocean Beach Blvd. #505	
CITY-ST-ZIP	COCOA BEACH FL		3.4 CITY-ST-ZIP	Cocoa Beach, Fl	
TITLE	SD	☐ DELETE	4.1 TITLE	ST	☒ Change ☐ Addition
NAME	MOLYNEAUX, BETTY		4.2 NAME	MARY HALLOCK	
STREET ADDRESS	520 S. BREVARD AVE., #216		4.3 STREET ADDRESS	1611 Minuteman Cswy. #110	
CITY-ST-ZIP	COCOA BEACH FL		4.4 CITY-ST-ZIP	Cocoa Beach Fl.	
TITLE	TD	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HALLOCK, MARY		5.2 NAME		
STREET ADDRESS	1611 MINUTEMEN CSWY., #110		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE	VC/T	☒ Change ☐ Addition
NAME	ANDERSON, JOS		6.2 NAME	JOSEPH ANDERSON	
STREET ADDRESS	190 PINELLAS LANE APT 309		6.3 STREET ADDRESS	190 Pinellas Lane Apt 309	
CITY-ST-ZIP	COCOA BEACH FL		6.4 CITY-ST-ZIP	Cocoa Beach, Fl	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSEPH R. MORGAN — 1-17-96 — 407-784-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #