

FILED
Feb 09, 2004 8:00 am
Secretary of State

1/2

01-23-2004 90027 009 ****70.00

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02212

1. Entity Name
**FREEDOM SEVEN SENIOR CITIZENS COMMUNITY
CENTER, INC.**



Principal Place of Business
**1325 N ATLANTIC AVE
STE 170
COCOA BEACH, FL 32931 US**

Mailing Address
**1325 N ATLANTIC AVE
STE 170
COCOA BEACH, FL 32931 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2423206

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DALY, GALE
1325 N. ATLANTIC AVENUE
#170
COCOA BEACH, FL 32931**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete
NAME FRITZ, ROBERT J
STREET ADDRESS BERMUDA RD.
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE P ☒ Change ☐ Addition
NAME Rick Harris
STREET ADDRESS 4350 N. Atlantic Ave
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE TD ☐ Delete
NAME ANDREWS, TRACEY
STREET ADDRESS 301 N ATLANTIC AVE #204
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE T ☒ Change ☐ Addition
NAME George Leonard
STREET ADDRESS 1485 N. Atlantic Ave
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE VD ☐ Delete
NAME CUNNINGHAM, PETER J
STREET ADDRESS 838 NASSAU ROAD
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE V P ☒ Change ☐ Addition
NAME Martha Seymour
STREET ADDRESS 307 E CENTRAL BL
CITY-ST-ZIP COPE CANAVERAL FL 32920

TITLE SD ☐ Delete
NAME ATKINSON, POLLY
STREET ADDRESS 3450 OCEAN BEACH BLVD, #804
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE S ☒ Change ☐ Addition
NAME Joyce Barry
STREET ADDRESS 504 TYLER
CITY-ST-ZIP COPE CANAVERAL FL 32920

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04

321-784-2313

Date

Daytime Phone #