

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90056 015 ****61.25

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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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DALY, GALE 1325 N. ATLANTIC AVENUE #170 COCOA BEACH, FL 32931			
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7. Name and Address of New Registered Agent			
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Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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.			
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SIGNATURE _____		(NOTE: Registered Agent signature required when reinstating)	
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Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐	
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\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
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10. OFFICERS AND DIRECTORS			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, RICK 4350 N ATLANTIC AVE COCOA BEACH, FL 32931	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEONARD, GEORGE 1485 N. ATLANTIC AVE COCOA BEACH, FL 32931	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEYMOUR, MARTHA 307 E CENTRAL PL CAPE CANAVERAL, FL 32920	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRY, JOYCE 504 TYLER CAPE CANAVERAL, FL 32920	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTHA Seymour 307 E. Central Blvd Cape Canaveral, FL 32920	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carolyn Dion 223 Canaveral Beach Dr Cape Canaveral, FL 32920	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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50012873



02022005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2423206

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

Applied For
Not Applicable

7. Name and Address of New Registered Agent

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 _____

(NOTE: Registered Agent signature required when reinstating)

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Make check payable to
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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