

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90167 037 ****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	
2. Principal Place of Business 5000 TOM WARRINER BLVD		3. Mailing Address ATLANTIC AVE C/O LEONARD, 1485 N.	
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. #102	
City & State COCOA BEACH, FL		City & State COCOA BEACH, FL	
Zip 32931		Zip 32931	
Country BREVARD		Country BREVARD	
4. FEI Number 59-2423206		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DALY, GALE 1325 N. ATLANTIC AVENUE #170 COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name L. GEORGE LEONARD Street Address (P.O. Box Number is Not Acceptable) 1485 N. ATLANTIC AVE. #102 City COCOA BEACH FL 32931	
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 <u><i>L. George Leonard</i></u> 1/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	VP DION, CAROLYN 223 CANAVERAL BEACH RD CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEONARD, GEORGE 1485 N. ATLANTIC AVE COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEYMOUR, MARTHA 307 E CENTRAL PL CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARRY, JOYCE 504 TYLER CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>L. George Leonard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/10/06</u> Daytime Phone # _____	

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