

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000112

FILED  
Aug 06, 2004  
Secretary of State

Entity Name: TWO FREEDOM'S FOUNDATION, INC.

## Current Principal Place of Business:

2701 SCENIC HWY. 98, #5  
DESTIN, FL 32541

## New Principal Place of Business:

2701 SCENIC HWY. 98, #5  
DESTIN, FL 32541

## Current Mailing Address:

2701 SCENIC HWY. 98, #5  
DESTIN, FL 32541

## New Mailing Address:

2701 SCENIC HWY. 98, #5  
DESTIN, FL 32541

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAWKINS, JOHN W  
607 HWY. 98 EAST  
DESTIN, FL 32541

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ANDREWS, WILLIAM E  
Address: P. O. BOX 1838  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: BOBO, HERB  
Address: 2032 PINE ISLAND CIR.  
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete  
Name: BROWNING, ROBERT  
Address: P. O. BOX 968  
City-St-Zip: DESTIN, FL 32541

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: SAPIO, VICTOR A DR  
Address: 5921 GREENWOOD RD  
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM ANDREWS

D

08/06/2004

Electronic Signature of Signing Officer or Director

Date