

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000004660

1. Entity Name

FREEDOM HOUSE PUBLISHING COOPERATIVE, INC.



FILED
CLERK OF STATE
DIVISION OF CORPORATION

04 MAY 12 PM 4:50

Principal Place of Business

565 INDUSTRIAL DR
TALLAHASSEE FL 32310

Mailing Address

565 INDUSTRIAL DR
TALLAHASSEE FL 32310

2. Principal Place of Business

565 INDUSTRIAL DR.

3. Mailing Address

565 INDUSTRIAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLY. FL.

City & State

TALLY. FL.

Zip

32310

Country

LEON

Zip

32310

Country

LEON

4. FEI Number

MOORE

CR2E037 (11/03)

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

ABDUL-HAKEEM, YUSUFU
565 INDUSTRIAL DR
TALLAHASSEE FL 32310

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

FILE NOW: FEE IS \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SIMS, PHILLIP
645 HUGH ST. SW
ATLANTA GA 30310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ABDUL-HAKEEM, YUSUF
1025 COMMERCIAL DR
TALLAHASSEE FL 32310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ANDREW, RENWICK
4615 WONDER VALLEY TR
ATLANTA GA 30034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500037059315 Change ☐ Addition
05/24/04--01106--022 **61.25

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

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

Date

Daytime Phone #

ABDUL-HAKEEM, YUSUFU 5/11/04 224-2157