

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-11-2004 90014 039 ****61.25

DOCUMENT # N03000005733 1. Entity Name THE APODEL INTERNATIONAL FREEDOM HOUSE, INC.					
Principal Place of Business 2125 PALM VISTA DRIVE APOPKA, FL 32712			Mailing Address 2125 PALM VISTA DRIVE APOPKA, FL 32712		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number 55-0831300				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 BURT, JOHANNA RN 2125 PALM VISTA DRIVE APOPKA, FL 32712			7. Name and Address of New Registered Agent 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: <u><i>Johanna Burt</i></u> (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
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TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
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: <u><i>Johanna Burt</i></u> 3/6/04 407 886-4683 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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