

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N03000008634

Entity Name: FREEDOM FROM OBESITY, INC.

Current Principal Place of Business:

316 N. ALEXANDER STREET
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

316 N. ALEXANDER STREET
PLANT CITY, FL 33563 US

New Mailing Address:

FEI Number: 86-1094326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASS, JAMES D PRES
316 N ALEXANDER ST
PLANT CITY, FL 33563 US

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: PD () Delete
Name: BASS, JAMES D
Address: 2217 BOGAERT ROAD
City-St-Zip: DOVER, FL 33527

Title: VD () Delete
Name: ENTEL, MARTHA
Address: 4711 W. COACHMAN AVE.
City-St-Zip: TAMPA, FL 33611

Title: SD () Delete
Name: SCRIBNER, MEREDITH
Address: 2716 CEDAR CREST DRIVE
City-St-Zip: VALRICO, FL 33594

Title: TD () Delete
Name: CINTRON, TERESA
Address: 751 MARJON AVE.
City-St-Zip: DUNEDIN, FL 34698

Title: VP () Delete
Name: CHARLTON, LINDA C
Address: 1144 3RD AVE. S.
City-St-Zip: TIERRA VERDE, FL 33715

Title: VP () Delete
Name: CRABTREE, MICHAEL
Address: 10929 N. 56TH ST
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: JAMES D BASS

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date