

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003889

FILED
Apr 28, 2008
Secretary of State

Entity Name: FREE TO BE ME INC.

Current Principal Place of Business:

872 EDGEFOREST TERRACE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

872 EDGEFOREST TERRACE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 16-1699270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOICE, ANITA GAIL
872 EDGEFOREST TERRACE
SANFORD, FL 32771 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: P () Delete
Name: CHOICE, ANITA G DR.
Address: 872 EDGEFOREST TERRACE
City-St-Zip: SANFORD, FL 32771

Title: TREA () Delete
Name: PARSELL, BOB
Address: 207 E 25TH STREET
City-St-Zip: SANFORD, FL 32771

Title: CHAI () Delete
Name: DAVIS, CHARLES
Address: 2617 S FRENCH AVENUE
City-St-Zip: SANFORD, FL 32771

Title: MEM () Delete
Name: WILLIAMS, VELMA
Address: 300 NORTH PARK AVENUE
City-St-Zip: SANFORD, FL 32771

Title: CHAP () Delete
Name: ROSS, HEZEKIAH LEILIA
Address: 1003 MULBERRY AVENUE
City-St-Zip: SANFORD, FL 32771

Title: MEM () Delete
Name: BULLOCK, JOAN
Address: 660 BROADOAK LOOP
City-St-Zip: SANFORD, FL 32771

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
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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 exemption stated 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 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: ANITA GAIL CHOICE

DR.

04/28/2008

Electronic Signature of Signing Officer or Director

Date