

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90017 049 ****61.25

DOCUMENT # N05000009419

1. Entity Name

LIVING FREE, INC.



Principal Place of Business

1451 LAKESHORE RANCH DRIVE
SEFFNER FL 33584
US

Mailing Address

1451 LAKESHORE RANCH DRIVE
SEFFNER FL 33584
US



2. Principal Place of Business

1451 Lakeshore Ranch Dr.
Suite, Apt. #, etc.

3. Mailing Address

1451 Lakeshore Ranch Dr.
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Seffner FL

City & State

Seffner FL

4. FEI Number

20 4255423

Applied For

Not Applicable

Zip

33584

Country

USA

Zip

33584

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, DIANA
1451 LAKESHORE RANCH DRIVE
SEFFNER FL 33584

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 D,P ☐ Delete
NAME ALFONSO, DIANA
STREET ADDRESS 1451 LAKESHORE RANCH DRIVE
CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ Delete
NAME HAVERTY, THOMAS F
STREET ADDRESS 7930 LAKE SAINT JAMES LANE
CITY-ST-ZIP ODESSA FL 33556

TITLE D ☐ Delete
NAME RISK, PHYLLIS S
STREET ADDRESS 1235 MCMULLEN BOOTH ROAD LOT 112
CITY-ST-ZIP CLEARWATER FL 33759

TITLE S/T ☐ Delete
NAME ALFONSO, DIANA
STREET ADDRESS 1451 LAKESHORE RANCH DRIVE
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Diana Alfonso DIANA ALFONSO 3-1-06 813 662-5909