

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000009419

1. Entity Name

LIVING FREE, INC.



**FILED**  
**Aug 08, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business  
1451 LAKESHORE RANCH DRIVE  
SEFFNER FL 33584  
US

Mailing Address  
1451 LAKESHORE RANCH DRIVE  
SEFFNER FL 33584-5545  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-4255423

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

ALFONSO, DIANA  
1451 LAKESHORE RANCH DRIVE  
SEFFNER FL 33584-5545

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 September 3, 2008**

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

D,P  
ALFONSO, DIANA  
1451 LAKESHORE RANCH DRIVE  
SEFFNER FL 33584-5545

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
HAVERTY, THOMAS F  
7930 LAKE SAINT JAMES LANE  
ODESSA FL 33556

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
RISK, PHYLLIS S  
1235 MCMULLEN BOOTH ROAD LOT 112  
CLEARWATER FL 33759

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S/T  
ALFONSO, DIANA  
1451 LAKESHORE RANCH DRIVE  
SEFFNER FL 33584

☐ 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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000957304 ☐ Change ☐ Addition  
08/08/08-80003-010 61.25

TITLE  
NAME  
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CITY-ST-ZIP

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

08-03-08 (813) 662-5809