

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009050

FILED
Mar 11, 2009
Secretary of State

Entity Name: FREEDOM & LIFE GROUP, INTERNATIONAL, INC.

Current Principal Place of Business:

275 21ST AVE N.E.
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

275 21ST AVE N.E.
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 20-5406877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESTOPPELAIRE, JUSTIN
275 21ST AVE N.E.
ST. PETERSBURG, FL 33704 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: DP () Delete
Name: DESTOPPELAIRE, JUSTIN
Address: 275 21ST AVE N.E.
City-St-Zip: ST. PETERSBURG, FL 33704

Title: DVP () Delete
Name: STONER, ANDREW
Address: 11627 TIMBER RIDGER LANE
City-St-Zip: SHARONVILLE, OH 45241

Title: DS () Delete
Name: DESTOPPELAIRE, G. MARISOL
Address: 275 21ST AVE N.E.
City-St-Zip: ST. PETERSBURG, FL 33704

Title: DT () Delete
Name: HILBERT, JOHN
Address: 12829 126TH TERRACE N.
City-St-Zip: LARGO, FL 33774

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:

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: JUSTIN DESTOPPELAIRE

DP

03/11/2009

Electronic Signature of Signing Officer or Director

Date