

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90010 019 ****70.00

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1. Entity Name

THE FREEMAN FAMILY FOUNDATION, INC.



Principal Place of Business

201 S. BISCAYNE BLVD., STE. 1500 (LN)
MIAMI, FL 33131

Mailing Address

201 S. BISCAYNE BLVD., STE. 1500 (LN)
MIAMI, FL 33131



01092008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

20-5517716

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOSTRO, LOIUS
728 CATALONIA AVENUE
CORAL GABLES, FL 33134

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FREEMAN, WILLIAM T.
STREET ADDRESS 4914 LYFORD CAY RD.
CITY-ST-ZIP TAMPA, FL 33629

TITLE D
NAME FREEMAN, GAIL M.
STREET ADDRESS 4914 LYFORD CAY RD.
CITY-ST-ZIP TAMPA, FL 33629

TITLE D
NAME MENTON, JOHN C.
STREET ADDRESS 1030 ROYAL OAK CT.
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *William T. Freeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #