

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90044 026 ****61.25

DOCUMENT # N07000005403

1. Entity Name
FREEDOM FORMULA FOUNDATION, INC.



Principal Place of Business
**7777 N WICKHAM RD STE 12-118
MELBOURNE, FL 32940**

Mailing Address
**7777 N WICKHAM RD STE 12-118
MELBOURNE, FL 32940**



2. Principal Place of Business - No P.O. Box #
7777 N Wickham Rd

3. Mailing Address
7777 N Wickham Rd

Suite, Apt., etc.
12-118

Suite, Apt., etc.
12-118

City & State
Melbourne FL

City & State
FL Melbourne FL

Zip
32940

Country
USA

Zip
32940

Country
USA

07232008 Chg-NP CR2E037 (12/06)

4. FEI Number
26-0687939 FFF

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 NAYS STREET
TALLAHASSEE, FL 32301-2525
Susan Haines
7777 N Wickham Rd
Suite 12-118
Melbourne FL
32940

7. Name and Address of New Registered Agent

Name
Susan Haines, Co Director
Street Address (P.O. Box Number is Not Acceptable)
7777 N Wickham Rd
Suite 12-118
City
Melbourne FL Zip Code
32940

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]** Co Director

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

(NOTE: Registered Agent signature required when reinstating)

7/24/08

DATE

Filing Fee is \$61.25
Due by September 12, 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	Co Director
STREET ADDRESS	Susan Haines
CITY - ST - ZIP	7777 N Wickham Rd suite 12-118 Melbourne FL 32940
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	Co Director
STREET ADDRESS	Mark Haines
CITY - ST - ZIP	7777 N Wickham Rd suite 12-118 Melbourne FL 32940
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
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 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.