

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009959

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: ECONOMIC FREEDOM FUND, INC.

**Current Principal Place of Business:**

1204 32ND STREET NW  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

1204 32ND STREET NW  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: 01-0918627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HARRELL-JONES, BETTIE  
1204 32ND STREET NW  
WINTER HAVEN, FL 33881      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: HARRELL-JONES, BETTIE  
Address: 1204 32ND STREET NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: V      ( ) Delete  
Name: BROOKS, JAMES  
Address: 2421 AVE B SW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: S      ( ) Delete  
Name: TATE, MARY  
Address: 197 HUNTER AVENUE  
City-St-Zip: KANKAKEE, IL 60901

Title: S      ( ) Delete  
Name: SCHEXNAYDER, ELIZABETH J  
Address: 8027 STONYBROOK PLACE, NW  
City-St-Zip: ALBUQUERQUE, NW 87120

Title: T      ( ) Delete  
Name: SHAW, LYNN  
Address: 2810 HURST ROAD  
City-St-Zip: AURBURDALE, FL 33882

**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:

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: BETTIE HARRELL-JONES

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date