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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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*SECRETARY OF STATE
*DIVISION OF CORPORATIONS
95 FEB -1 PM 12:56

DOCUMENT # N19113 (2)

1. Corporation Name
TIME FOR FREEDOM, INC.

Principal Place of Business	Mailing Address
222 W BROADWAY OCALA FL 34474 US	% GARY C. SIMONS 121 N.W. THIRD STREET OCALA FL 34475 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1987
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2771223 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 819
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Ocala, Fl. 34478
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIMONS, GARY C.
121 N.W. THIRD STREET
OCALA FL 34475

10. Name and Address of New Registered Agent

31 Name: Robert Wright, secretary
32 Street Address (P.O. Box Number is Not Acceptable): 1712 N.E. 40th Avenue
33: Ocala, Florida 34470
34 City: FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert Wright, Robert Wright DATE: 1/30/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE		☐ Change ☐ Addition
NAME	DECASTRO, BERNARD F.	1.2 NAME		
STREET ADDRESS	3750 S E 31ST TERR	1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, H. RANDOLPH	2.2 NAME		
STREET ADDRESS	333 NW 3RD AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D.	☒ Change ☐ Addition
NAME	RANEY, GEORGE	3.2 NAME	Dan Curington	
STREET ADDRESS	680 NW 63RD PLACE	3.3 STREET ADDRESS	2965 N.E. 33 Pl	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala, Fl 34470	
TITLE	DS	4.1 TITLE	D.	☒ Change ☐ Addition
NAME	SIMONS, GARY C.	4.2 NAME	Greg Capitano	
STREET ADDRESS	1014 N.E. 20TH AVENUE	4.3 STREET ADDRESS	13700 SW 16 Av	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Ocala, Florida 34473	
TITLE	D	5.1 TITLE	D.	☒ Change ☐ Addition
NAME	BRANNON, JOE	5.2 NAME	Charles Chazal	
STREET ADDRESS	1911 N.E. 50TH AVE.	5.3 STREET ADDRESS	5981 3E 5 Pl	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Ocala, Fl 34472	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	FRICK, FRANCIS M.	6.2 NAME		
STREET ADDRESS	5108 SE 7TH PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernie DeCastro, D. Bernie DeCastro 1-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00010314