FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19113

(2)

TIME F	OR FREEDOM, INC.					
Principal Place	of Business	Mailing Address		I IROKIHAR WAN NIRKU EDNOK KINDE NINDE	N KIRI MINDE NYAKA DINTI MINTI DINTA RENYA INDEL	
222 W BROADWAY OCALA FL 34474 US OCALA FL 34474 OCALA FL 34474		ET				
US		US CA	nau ala	3. Date Incorporated or Qualified 02/05/1987	3a. Date of Last Report 04/29/1996	
2. Principal Pla	ace of Business	2a. Mailing Address	BULOIM	4. FEI Number 59-2771223	Applied For	
21		26	-07	7 59-211 1223	Not Applicable	
Suite, Apt. #	ł. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28 Ocala.	FL.	Trust Fund Contribution	Added to Fees	
Zip	Country	Z1034478-08 W	Country	8. This corporation has liability for		
24	25		0 USA		Yes X No	
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
WRIGHT ROBERT, SECRETARY			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
1712 N. E. 40TH AVENUE OCALA FL 34470			83			
UCALA	FL 344/0					
			B4 City		FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the		
. office or re	egistered agent, or both, in the State	of Florida, Such change was au ations of Section 617 0503. Flor	thorized by the corporal	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointment as registered	
۹ .	if farming with, and accept the oblig	unons of, coolium of 7.0000, 1 lon	da ciatatos.			
SIGNATURE _	Signature, typed or printed name of registered ago		Registered Agent signature requi		DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition	
THILE	DPT	☐ DELETE	1.1 TIFLE			
NAME	DECASTRO, BERNARD F. 3750 S E 31ST TERR		1.2 NAME			
STREET ADDRESS	OCALA FL		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	D D	DELETE	1.4 City-ST-ZIP 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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	CURINGTON, DAN		3.2 NAME	•		
STREET ADDRESS	2965 N. E. 33 PL.		3.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL	Clarity and the same of the sa	3.4. CITY-ST-ZIP		Observe Addition	
TITLE	0	☐ DELETE	4.1 TITLE		Change Addition	
NAME	CAPITANO, GREG 13700 SW 16 AVE		4. 2 NAME			
STREET ADDRESS	OCALA FL		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	D D	☐ DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition	
NAME.	CHAZAL, CHARLES		5.2 NAME			
STREET ADDRESS	5981 SE 5 PL		5.3 STREET ADDRESS			
CITY - ST - ZIP	OCALA FL		5.4 CITY-ST-ZIP			
TITLE	D	DELETE	6.1 TITLE	1	Change Addition	
NAME:	FRICK, FRANCIS M.		6.2 NAME			
STREET ADDRESS	5108 SE 7TH PLACE		6.3 STREET ADDRESS			
CITY-ST-7IP	OCALA FL		6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/91 (352)351-1286

FILED

Apr 18 1997 8:00am

Secretary of State