

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19113** (2)  
1. Corporation Name  
**TIME FOR FREEDOM, INC.**

Principal Place of Business <b>222 W BROADWAY OCALA FL 34474 US</b>	Mailing Address <b>P.O. BOX 819 OCALA FL 34478-0819 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>02/05/1987</b>	4. FEI Number <b>59-2771223</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**WRIGHT ROBERT, SECRETARY  
1712 N. E. 40TH AVENUE  
OCALA FL 34470**

10. Name and Address of New Registered Agent	
81 Name <b>Bernard F. DeCastro</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>3750 SE 31st Terrace</b>
83	84 City <b>Ocala</b>
85 Zip Code <b>FL 34471</b>	

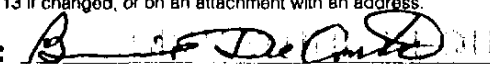
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **Bernard DeCastro** 2/27/98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE
NAME	<b>DECASTRO, BERNARD F.</b>
STREET ADDRESS	<b>3750 S E 31ST TERR</b>
CITY-ST-ZIP	<b>OCALA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KLEIN, H. RANDOLPH</b>
STREET ADDRESS	<b>333 NW 3RD AVENUE</b>
CITY-ST-ZIP	<b>OCALA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CURINGTON, DAN</b>
STREET ADDRESS	<b>2065 N. E. 33 PL.</b>
CITY-ST-ZIP	<b>OCALA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CAPITANO, GREG</b>
STREET ADDRESS	<b>13700 SW 16 AVE</b>
CITY-ST-ZIP	<b>OCALA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHAZAL, CHARLES</b>
STREET ADDRESS	<b>5981 SE 5 PL</b>
CITY-ST-ZIP	<b>OCALA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FRICK, FRANCIS M.</b>
STREET ADDRESS	<b>5108 SE 7TH PLACE</b>
CITY-ST-ZIP	<b>OCALA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Kent Adams</b>
1.3 STREET ADDRESS	<b>5440 NE 1st Lane</b>
1.4 CITY-ST-ZIP	<b>Ocala, FL 34470</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Bob Giordano</b>
2.3 STREET ADDRESS	<b>110 Rita Rae Lane</b>
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32250</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Kevin Graham</b>
3.3 STREET ADDRESS	<b>2530 SE 29th Lane</b>
3.4 CITY-ST-ZIP	<b>Ocala, FL 34471-6291</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Jayne O'Berry</b>
4.3 STREET ADDRESS	<b>3520 NE 43rd Place</b>
4.4 CITY-ST-ZIP	<b>Ocala, FL 34479</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Tim Staub</b>
5.3 STREET ADDRESS	<b>1715 SW 29th Terrace</b>
5.4 CITY-ST-ZIP	<b>Ocala, FL 34474</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Geoff Victor</b>
6.3 STREET ADDRESS	<b>Rt. 1, Box 490-B</b>
6.4 CITY-ST-ZIP	<b>Micanopy, FL 32260</b>

14. I 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:  **Bernard DeCastro** 2/27/98 (352) 351-1280

CR2E037 (10/97)