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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

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DOCUMENT # N19113

1. Corporation Name

TIME FOR FREEDOM, INC.

Principal Place of Business

222 W BROADWAY
OCALA FL 34474
US

Mailing Address

P.O. BOX 819
OCALA FL 34478-0819
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/05/1987

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

59-2771223

Applied For

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. Zip Country

28. Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip Country

29. Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DECASTRO, BERNARD F
3750 SE 31ST TERRACE
OCALA FL 34471

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME DECASTRO, BERNARD F.
STREET ADDRESS 3750 S E 31ST TERR
CITY-ST-ZIP Ocala FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME GIORDANO, BOB
STREET ADDRESS 110 RITA RAE LANE
CITY-ST-ZIP JACKSONVILLE FL 32250

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME GRAHAM, KEVIN
STREET ADDRESS 2530 SE 29TH LANE
CITY-ST-ZIP Ocala FL 34471

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME O'BERRY, JAYNE
STREET ADDRESS 3520 NE 43RD PLACE
CITY-ST-ZIP Ocala FL 34479

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME STAUB, TIM
STREET ADDRESS 1715 SW 29TH TERR
CITY-ST-ZIP Ocala FL 34474

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME VICTOR, GOEFF
STREET ADDRESS RT 1, BOX 490-B
CITY-ST-ZIP Micanopy FL 33260

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 (352)351-1280
Date Daytime Phone #

CR2E037- (11/98)