

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 10: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22349 (7)
1. Corporation Name
AMERICAN FREEDOM COALITION OF FLORIDA, INC.

Principal Place of Business Mailing Address
P.O. BOX 451134 P.O. BOX 451134
MIAMI FL 33245-8134 MIAMI FL 33245-8134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/03/1987 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1620324 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERUIDES, ESTEBAN M.
437 S.W. 20 ROAD
MIAMI FL 33129

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 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 607.0503, Florida Statutes.

SIGNATURE

Esteban M. Beruvides

Apr 12/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME CROSSLEY, GEORGE
STREET ADDRESS 2067 DEARING AVE.
CITY - ST - ZIP DELTONA FL
TITLE PTD
NAME BERUIDES, ESTEBAN M.
STREET ADDRESS 437 S.W. 20TH RD.
CITY - ST - ZIP MIAMI FL 33129
TITLE VSD
NAME TOCA, ROBERTO C.
STREET ADDRESS 911 E. 31ST STREET
CITY - ST - ZIP TAMPA FL
TITLE DADN
NAME CHIDESTER GARY D.
STREET ADDRESS 9758 NW 4 LN.
CITY - ST - ZIP MIAMI FL 33172
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 on Block 13, or on an attachment with an address.

SIGNATURE

Esteban M. Beruvides

4-21-95 (305) 852 7829

Date (Type Name)