

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N22657

FILED
Oct 12, 2009
Secretary of State

Entity Name: FREEDOM INTERGROUP, INC.

Current Principal Place of Business:

6240 PRESIDENTIAL CIRCLE
ZEPHYRHILLS, FL 33540 US

New Principal Place of Business:

4640 MILE STRETCH DR.
HOLIDAY, FL 34690 US

Current Mailing Address:

6240 PRESIDENTIAL CIRCLE
ZEPHYRHILLS, FL 33540 US

New Mailing Address:

4640 MILE STRETCH DR.
HOLIDAY, FL 34690 US

FEI Number: 59-2877416 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAGE, NANCY
6240 PRESIDENTIAL CIRCLE
ZEPHYRHILLS, FL 33540 US

Name and Address of New Registered Agent:

LAMANNA, BARBARA
4640 MILE STRETCH DR.
HOLIDAY, FL 33690 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA LAMANNA

10/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: VIG, ELIZABETH
Address: 5119 SWALLOW DR
City-St-Zip: LAND O' LAKES, FL 34639

Title: VD () Delete
Name: WILLIAMS, CARMEN
Address: 1859 N CAMOLA TERR
City-St-Zip: INVERNESS, FL 34456

Title: CD () Delete
Name: TURNER, KARLA
Address: 7965 RAVENWOOD COVE
City-St-Zip: SPRING HILL, FL 34606

Title: T () Delete
Name: PAGE, NANCY
Address: 6240 PRESIDENTIAL CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ALYWARD, JEANNINE
Address: 9211 CHATHAM LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: VD (X) Change () Addition
Name: MOODY, GRACE
Address: 9105 RAWLINS AVE
City-St-Zip: PORT RICHEY, FL 34668

Title: CD (X) Change () Addition
Name: BONCARO, BELINDA
Address: 14413 RIALTO AVE.
City-St-Zip: BROOKSVILLE, FL 34613

Title: T (X) Change () Addition
Name: LAMANNA, BARBARA
Address: 4640 MILE STRETCH DR.
City-St-Zip: HOLIDAY, FL 34690

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA LAMANNA

TREA

10/12/2009

Electronic Signature of Signing Officer or Director

Date