

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 4: 25

DOCUMENT # **N24584** (7)
1. Corporation Name
FREETHINKERS, INC.

Principal Place of Business Mailing Address
C/O ANDREE SPUHLER C/O ANDREE SPUHLER
640 PARK AVENUE #29 640 PARK AVENUE #29
WINTER PARK FL 32789-3264 WINTER PARK FL 32789-3264

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/16/1988** 3a. Date of Last Report **03/03/1994**
4. FEI Number **59-2874634** 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 25 29 30

9. Name and Address of Current Registered Agent
SPUHLER, ANDREE
640 PARK AVENUE, #29
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SPUHLER, ANDREE
STREET ADDRESS 640 PARK AVENUE
CITY-ST-ZIP WINTER PARK FL
TITLE VD
NAME DOUGLAS, REID
STREET ADDRESS 4425 S. PLEASANT HILL RD
CITY-ST-ZIP KISSIMMEE FL
TITLE SD
NAME WILLIAMSON, JAMES
STREET ADDRESS 2681 FITZHUGH RD
CITY-ST-ZIP WINTER PARK FL
TITLE TD
NAME CERNIGLIA, MIMI
STREET ADDRESS 12 FISCHERMANS CIR #5
CITY-ST-ZIP ORMOND BCH FL
TITLE D
NAME HEIDEMAN, ROBERT C
STREET ADDRESS 6043 LINNEAL BCH DR
CITY-ST-ZIP APOPKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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 **SD**
2.3 STREET ADDRESS **DR. HARLEY MYLER**
2.4 CITY-ST-ZIP **10151 UNIVERSITY BLVD #314**
ORLANDO FL 32817
3.1 TITLE Change Addition
3.2 NAME **D**
3.3 STREET ADDRESS **DR. WILLIAM MYERS**
3.4 CITY-ST-ZIP **132 LAKE HARRIAM RD SE**
WINTER HAVEN FL 33884
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 **VD**
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Andree Spuhler **ANDREE SPUHLER** 03.08.95 (407) 628 2729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #