

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N31731 (5)**  
1. Corporation Name  
**FREEDOM OF CHOICE, INC.**



Principal Place of Business Mailing Address  
**C/O REZZONICO**  
**1903 S CONGRESS AVE 470**  
**BOYNTON BCH FL 33426**  
**US**

3. Date Incorporated or Qualified **04/14/1989** 3a. Date of Last Report **04/11/1995**  
4. FEI Number **65-0126766** 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**  
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 28 Zip  
24 Country 29 Country 30

## 9. Name and Address of Current Registered Agent

**REZZONICO, ANN MARIE**  
**1903 S. CONGRESS AVE. #470**  
**BOYNTON BEACH FL 33426**

## 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 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 filed if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## OFFICERS AND DIRECTORS

☐ DELETE

TITLE	PD
NAME	HOLLIS, ALLEN
STREET ADDRESS	2727 GEORGIA AVE.
CITY-ST-ZIP	WEST PALM BCH. FL
TITLE	VD
NAME	ASPINWALL, VALARIE
STREET ADDRESS	1133 MARINE WAY E
CITY-ST-ZIP	N PALM BCH FL
TITLE	SD
NAME	PESCOSOLIDO, EVELYN
STREET ADDRESS	937 DRURY PLACE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	TD
NAME	FORD, CATHERINE D
STREET ADDRESS	501 28TH STREET
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	ATD
NAME	GLASNER, HARIETTE
STREET ADDRESS	3800 WASHINGTON RD. #806
CITY-ST-ZIP	WEST PALM BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 13.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Hollis, Allen	
13 STREET ADDRESS	7424 Clarke Rd.	
14 CITY-ST-ZIP	W. Palm Beach, FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	VD	
22 NAME	Mildred George	
23 STREET ADDRESS	86 MacFarlane Rd.	
24 CITY-ST-ZIP	Delray Beach, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 or Block 13 if changed, or on an attachment with an address.

## SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-96 407-848-8784  
Date Daytime Phone #

CR2E037 (12/95)