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Mar 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 470-180  
BOYNTON BCH FL 33426  
USC/O REZZONICO  
1903 S CONGRESS AVE 470-180  
BOYNTON BCH FL 33426-6559  
US3. Date Incorporated or Qualified  
04/14/19893a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
65-0126766Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HOLLIS, ALLEN  
STREET ADDRESS 7424 CLARKE ROAD  
CITY - ST - ZIP WEST PALM BEACH FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE VD  
NAME GEORGE, MILDRED  
STREET ADDRESS 86 MACFARLANE ROAD  
CITY - ST - ZIP DELRAY BEACH FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE SD  
NAME PESCOSOLIDO, EVELYN  
STREET ADDRESS 937 DRURY PLACE  
CITY - ST - ZIP WEST PALM BEACH FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE TD  
NAME FORD, CATHERINE D  
STREET ADDRESS 501 26TH STREET  
CITY - ST - ZIP WEST PALM BEACH FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Treasurer  
Catherine M. Ford

Date

Daytime Phone # 0041704

CR2E037 (9/96)