

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90100 020 ****70.00

DOCUMENT # N34148 1. Entity Name FLORIDA FREEDOM FOUNDATION, INC.					
Principal Place of Business % REV. CHARLES E MCCORD — Change 1708 NORTH 60TH AVENUE HOLLYWOOD, FL 33021			Mailing Address % REV. CHARLES E MCCORD — Change 1708 NORTH 60TH AVENUE HOLLYWOOD, FL 33021		
2. Principal Place of Business % Margaret Ryan Suite, Apt. #, etc. 1708 N 60 Ave City & State Zip Country		3. Mailing Address % Margaret Ryan Suite, Apt. #, etc. 1708 N 60 Ave. City & State Zip Country			
03242006 Chg-NP		CR2E037 (11/05)		4. FEI Number 65-0146678	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCORD, CHARLES E. 1708 NORTH 60TH AVENUE HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Dr. Mark D. Cummins Street Address (P.O. Box Number is Not Acceptable) 14921 Featherstone Way City Davie FL Zip Code 33331		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Dr. Mark D Cummins President</i></u> Dr. Mark D Cummins 4/4/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCCORD, CHARLES E. 5901 S W 37TH AVE. FT LAUDERDALE FL,	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Cummins, Mark D. 14921 Featherstone Way Davie FL 33331	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRUMP, LAIRD 5018 W. PARK RD. HOLLYWOOD, FL 33021	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKINNEY, MIKE 2241 N.W. 87 TERR PEMBROKE PINES, FL 33024	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Santiago, Jose 1930 NW 99 Ave Pembroke Pines FL 33024-1458	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RYAN, MARGARET 1891 N. 61 AVE. #307 HOLLYWOOD, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Barnard, Howard 531 Briarwood Circle Hollywood FL 33024-1322	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Margaret Ryan</i></u> Margaret Ryan 4/3/06 954-966-2350 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					