

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42909

FILED  
Apr 19, 2010  
Secretary of State

**Entity Name:** FREEDOM HOUSE FELLOWSHIP, INC.

**Current Principal Place of Business:**

FREEDOM HOUSE FELLOWSHIP  
3264 TOWNSEND BLVD  
JACKSONVILLE, FL 322772751 US

**New Principal Place of Business:**

**Current Mailing Address:**

FREEDOM HOUSE FELLOWSHIP  
3264 TOWNSEND BLVD  
JACKSONVILLE, FL 322772751 US

**New Mailing Address:**

**FEI Number:** 59-3054501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN STADEN, DEON  
3264 TOWNSEND BLVD.  
JACKSONVILLE, FL 32277 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VAN STADEN, DEON  
Address: 7405 MAPLE TREE DR  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VPD  
Name: DESIENA, LOUIS  
Address: 2178 BRIGHTON BAY TRAIL WEST  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D  
Name: BENAVIDEZ, RICARDO  
Address: 2041 PLANTATION DR  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D  
Name: DUPONT, PHILLIP  
Address: 4661 CONFEDERATE OAKS DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD  
Name: BURK, MARGARET  
Address: 4090 HODGES BLVD #1105  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

**SIGNATURE:** DEON VANSTADEN

PD

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date