


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N45224 (5)**  
1. Corporation Name  
**HOUSE OF FREEDOM INC.**



Principal Place of Business  
**2311 NORTH OBT  
KISSIMMEE FL 34744  
US**

Mailing Address  
**P.O. BOX 42 3202  
KISSIMMEE FL 34742-3474  
23**

3. Date Incorporated or Qualified

**09/20/1991**

4. FEI Number

**59-3084953**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Zip
<b>24</b>	Country	<b>29</b>	Country
<b>25</b>		<b>30</b>	

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORALES, ESTEBAN  
1038 SHAWNOLA LN.  
KISSIMMEE FL 34742**

**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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORALES, ESTEBAN</b>	
STREET ADDRESS	<b>1038 SHAWNOLA LN.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34742</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRUZ, ROBERTO</b>	
STREET ADDRESS	<b>3501 WET FLAGLER AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>PONCE, IRIS Y</b>	
STREET ADDRESS	<b>994 CHEROKEE DR</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MORALES, OLGA</b>	
STREET ADDRESS	<b>1038 SHAWNOLA LN.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AVILA, JOSE J</b>	
STREET ADDRESS	<b>HIREM GONZALEZ #949</b>	
CITY-ST-ZIP	<b>CAMUY PUERTO RICO</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DONES, MARILU</b>	
STREET ADDRESS	<b>958 ST KM E.6</b>	
CITY-ST-ZIP	<b>RIO GRANDE, PUERTO RICO</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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

*[Signature]*

1-10-98

CR2E037 (10/97)