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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45224

1. Corporation Name

HOUSE OF FREEDOM INC.

Principal Place of Business

2311 NORTH 08T
KISSIMMEE FL 34744
US

Mailing Address

P.O. BOX 42 3202
KISSIMMEE FL 34742-3474
2S



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/20/1991

4. FEI Number

59-3084953

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

9. Name and Address of Current Registered Agent

MORALES, ESTEBAN
1038 SHAWNOLA LN.
KISSIMMEE FL 34742

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MORALES, ESTEBEN
STREET ADDRESS 1038 SHAWNOLA LN.
CITY-ST-ZIP KISSIMMEE FL 34742

TITLE VD
NAME CRUZ, ROBERTO
STREET ADDRESS 3501 WET FLAGLER AVE.
CITY-ST-ZIP MIAMI FL 33135

TITLE TD
NAME PONCE, IRIS Y
STREET ADDRESS 994 CHEROKEE DR
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE S
NAME MORALES, OLGA
STREET ADDRESS 1038 SHAWNOLA LN.
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D
NAME AVILA, JOSE J
STREET ADDRESS HIREM GONZILEZ #949
CITY-ST-ZIP GAMUY PUERTO RICO

TITLE VD
NAME DONES, MARILU
STREET ADDRESS 958 ST KM E.6
CITY-ST-ZIP RIO GRANDE, PUERTO RICO

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)