

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49362

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: FREEDOM 2000 FOUNDATION, INC.

**Current Principal Place of Business:**

1321 N VALRICO RD  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

13430 HOBSON SIMMONS ROAD  
LITHIA, FL 33547

**New Mailing Address:**

FEI Number: 59-3135348      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HOLMBERG, DOUGLAS A.  
1321 N VALRICO RD  
VALRICO, FL 33594      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: D      ( ) Delete  
Name: CRAIG, KEITH,  
Address: 9769 FOX CHAPEL RD  
City-St-Zip: TAMPA, FL

Title: DCP      ( ) Delete  
Name: HOLMBERG, DOUGLAS A.,  
Address: 1321 N VALRICO RD  
City-St-Zip: VALRICO, FL 33594

Title: DST      ( ) Delete  
Name: HOLMBERG, GREGORY J  
Address: 1321 N VALRICO ROAD  
City-St-Zip: VALRICO, FL 33594

Title: D      ( ) Delete  
Name: MORRIS, TIMOTHY R  
Address: 308 BELLE VIEW AVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS HOLMBERG

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

DCP

07/01/2005

\_\_\_\_\_ Date