

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:

Name and Address of New Registered Agent:

HOLMBERG, DOUGLAS A.
1321 N VALRICO RD
VALRICO, FL 33594 US

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

DCP

07/01/2005

Electronic Signature of Signing Officer or Director

Date