

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49362

FILED  
Apr 28, 2009  
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:**

1321 N VALRICO ROAD  
VALRICO, FL 33594

**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 (X)

**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:**

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: DOUGLAS A HOLMBERG

04/28/2009

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: D (X) Change ( ) Addition  
Name: CRAIG, KEITH  
Address: 9769 FOX CHAPEL RD  
City-St-Zip: TAMPA, FL 33647

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

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 exemption stated in Chapter 119, 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 A HOLMBERG

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date