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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9200000094 (4)

FILED
Mar 09 1998 8:00am
Secretary of State

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THE FREEBIRD FOUNDATION, INC.															
Principal Place	of Busines	s	Mail	Mailing Address							1 (80)(121 DID 10110 11011 0011) 0011	80111 2811		IBIN BIÐI IBÐI	
546 KINGSLEY AVENUE ORANGE PARK FL 32073				SUIT	% 1279 KINGSLEY AVENUE SUITE 118 ORANGE PARK FL 32073							Date Incorporated or Qualified 10/23/1992 FEI Number		IA	pplied For
												59-3147192			lot Applicable
2. Principal Pl	— — ·	2a. Mailing Address						Б.	. Certificate of Status Desired			Additional Required			
Sulte, Apt. #, etc.					Suite, Apt. #, etc.						6.	. Election Campaign Financing		\$5.00	
22				27								Trust Fund Contribution		Added	
City & State					City & State						7.	. Is this nonprofit corporation a			on?
23					Zip Country						L			□ No	4 11.1-
Zip	Country 25								лиу		B .	 This corporation owes or has p Personal Property Tax due Jun 			ntangible No
24		29 30 Registered Agent				· · · · · · · · · · · · · · · · · · ·			Name and Address of New R	_					
	9, 140,110	ana Adoros	+ 01 					81	Ti	Name					
KUDELU					-	Ι.	Disa - 1		P.O. Box Number is Not Accepte	hlal					
KOPELOUSOS, JOHN 1279 KINGSLEY AVENUE						82	Ί,	Street Addre	SS (F	P.O. Box Number is Not Accepte	ibie)				
SUITE 118								83	1						
ORANGE PARK FL 32073							84	١-,	City				. 85 Zip	Code	
								-	ı	•		_	F		
11. Pursuant t office or re agent. I ar	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 _							OTF: D14			signature required	44		DATE	 	
12.	Signature, typed	or printed name o		ND DIRECT		(1)(OTE: Hegist		enti	signature required		ADDITIONS/CHANGES TO OFF			RS IN 12
TITLE	PD		I IOCIIO NI	1D DITIEOT		DELETE	_	TITLE						☐ Change	Addition
NAME		S, JUDY V					1.3	NAME		1					
STREET ADDRESS	546 KINGSLEY AVENUE				1.33			.3 STREET ADDRESS							
CITY-ST-ZIP	ORANG	E PARK FL	32073				1.	CITY-5	ST-2	ZIP					
TITLE	SD					DELETE	2.	TITLE						☐ Change	Addition
NAME	RAPP, TERESA G				2.21			2.2 NAME							
STREET ADDRESS	4684 PINEGATE RD				2.3			2.3 STREET ADDRESS							
CITY-ST-ZIP	ORANG	E PARK FL	32073				2.	4 CITY-	ST-	ZIP					
TITLE	VD					DELETE	3.	TITLE		İ				Change	Addition
NAME		GTON, GAF					3.	NAME							
STREET ADDRESS	2200 EL					STREET									
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NAME								2 NAME		ODECC					
STREET ADDRESS								STREET							
CITY-ST-ZIP TITLE						DELETE		CITY-S	\$1-4	<u> </u>				Change	Addition
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TITLE						DELETE		TITLE	<u> </u>					Change	☐ Addition
NAME					_			NAME		j					
STREET ADDRESS								STREET	T AD	DRESS					
CITY-ST-ZIP							6.4	CITY-S	\$T-7	ZIP					
14. I hereby of indicated officer or of	on this annu director of th	ial ranort or e	upplemen or the rea	tal annual r ceiver or tru	eport is i ustee em	true and ac spowered to	for the courate	exemp	otio	n stated in S	a Rha	ion 119.07(3)(i), Florida Statutes. all have the same legal effect as by Chapter 617, Florida Statutes	it made	under oath: ti	nariam an