

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90156 013 \*\*\*\*61.25

0083295

**DOCUMENT # N92000000094**

1. Corporation Name

**THE FREEBIRD FOUNDATION, INC.**

Principal Place of Business

546 KINGSLEY AVENUE  
ORANGE PARK FL 32073

Mailing Address

% 1279 KINGSLEY AVENUE  
SUITE 118  
ORANGE PARK FL 32073



2. Principal Place of Business

21 **1404 S. 3rd Street**

2a. Mailing Address

26 **1404 S. 3rd Street**

3. Date Incorporated or Qualified

**10/23/1992**

4. FEI Number

**59-3147192**

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

City & State

23 **Jacksonville Beach, FL**

City & State

28 **Jacksonville Beach, FL**

Zip

24 **32250**

Country

25 **Duval**

Zip

29 **32250**

Country

30 **Duval**

9. Name and Address of Current Registered Agent

KOPELOUSOS, JOHN  
1279 KINGSLEY AVENUE  
SUITE 118  
ORANGE PARK FL 32073

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 ☐ DELETE

NAME JENNESS, JUDY V  
STREET ADDRESS 546 KINGSLEY AVENUE  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE SD ☐ DELETE

NAME RAPP, TERESA G  
STREET ADDRESS 4684 PINEGATE RD  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE VD ☒ DELETE

NAME ROSSINGTON, GARY  
STREET ADDRESS 2200 ELK REFUGE ROAD  
CITY-ST-ZIP JACKSON WY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VD  
Melody Vanzant  
851 Beach Ave  
Atlantic Beach, FL 32233

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PD  
Judy V Jenness  
1404 S 3rd Street  
Jacksonville Beach, FL 32250

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/99**

Date

**(904)249-8750**

Daytime Phone #

CR2E037 (11/98)