


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000005441 1. Entity Name VETERANS FREEDOM MEMORIAL COMMITTEE, INC.	
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Principal Place of Business 510 ROBIN HILL CIRCLE BRANDON, FL 33510	Mailing Address PO BOX 151 BRANDON, FL 33509-151 US
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01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3264589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRAUN, DAVID
510 ROBIN HILL CIRCLE
BRANDON, FL 33510**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUN, DAVID 510 ROBIN HILL CIRCLE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAUN, JOYCE 510 ROBIN HILL CIRCLE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRAMER, JAMES R. SR 7020 GRAND RAPIDS DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, GLORIA D. 8421 NORTH 17TH STREET APT A TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEALY, GENE 8730 NORTH HIMES SUITE 1018 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000776463
01/09/08-80024-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Braun January 7, 2008 6848916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #