


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002110 (2)**  
1. Corporation Name  
**SET FREE IF YOU WANT TO BE, INC.**



Principal Place of Business <b>511 ROSARY ROAD SUITE 10 LARGO FL 34640</b>	Mailing Address <b>POST OFFICE BOX 2068 LARGO FL 33779-2068</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified <b>04/16/1996</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>59-3373505</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**D'ANDREA, MARLENE**  
**511 ROSARY ROAD**  
**SUITE 10**  
**LARGO FL 34640 *new zip code***

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code  
**FL 33770**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>D'ANDRE, MARLENE</b>	
STREET ADDRESS	<b>511 ROSARY ROAD, SUITE 10</b>	
CITY-ST-ZIP	<b>LARGO FL 34640</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>D'ANDRE, ROBERT R</b>	
STREET ADDRESS	<b>511 ROSARY ROAD, SUITE 10</b>	
CITY-ST-ZIP	<b>LARGO FL 34640</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>D'ANDRE, ROBERT JR.</b>	
STREET ADDRESS	<b>8100 ULMERTON ROAD</b>	
CITY-ST-ZIP	<b>LARGO FL 34641</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, RANDY</b>	
STREET ADDRESS	<b>2511 N. GRADY</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>correct spelling of last name: add "a"</b>	
1.3 STREET ADDRESS	<b>D'ANDREA</b>	
1.4 CITY-ST-ZIP	<b>NEW ZIP CODE: 33770</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Correct spelling of last name: add "a"</b>	
2.3 STREET ADDRESS	<b>D'ANDREA</b>	
2.4 CITY-ST-ZIP	<b>New Zip Code: 33770</b>	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Correct spelling of last name: add "a"</b>	
3.3 STREET ADDRESS	<b>D'ANDREA</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Thomas, Gail</b>	
4.3 STREET ADDRESS	<b>5533-81st Terr. Pinellas Park, FL</b>	
4.4 CITY-ST-ZIP	<b>33781</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Thomas, Mike</b>	
5.3 STREET ADDRESS	<b>5533-81st Terrace, Pinellas Park, FL</b>	
5.4 CITY-ST-ZIP	<b>33781</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Hoekstra, Mary J.</b>	
6.3 STREET ADDRESS	<b>11 Idlewild St., Apt. 602</b>	
6.4 CITY-ST-ZIP	<b>Clearwater, FL 34630</b>	

14. I do 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.

SIGNATURE: *Marlene D'Andrea* **Marlene D'Andrea, President** **813-586-3733**

DATE: \_\_\_\_\_ DAYTIME PHONE # **0052058**

CR2E037 (9/96)