## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9600002110

1. Corporation Name

SET FREE IF YOU WANT TO BE, INC.

Principal Place of Business
511 ROSARY ROAD
SUITE 10
LARGO FL 33770
110

Mailing Address

POST OFFICE BOX 2068 LARGO FL 34649-2068



04-23-1999 90175 024 \*\*\*\*61.25



LARGO FL 337	70					NUM KAMAN KUMAN KUM	)) <b>ed</b> i) ( <b>90</b> )	
US								
2. Principal P.	lace of Business	2a. Mailing Address	iling Address		3. Date Incorporated or Qualifed			
26					04/16/1996		<u> </u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	٦ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠		4. FEI Number	<del></del>	lied For	
22	the state of the s	27			59-3373505		Applicable	
City & Stat	е	City & State	City & State		5. Certifcate of Status Desired	<b>\$8.75</b> A	1	
23	28						<del></del>	
Zip	Country	Zip 33779 1 2/6	Count	ry	6. Election Campaign Financing	\$5.00 i		
24	25 29 33779-2068 30			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution  10. Name and Address of New Registered	Added to	rees	
	9. Name and Address of Current	Registered Agent		1 Name	ID. Name and Address of New Negistered	Agent		
			١	Name				
D'ANDREA, MARLENE				2 Street A	ddress (P.O. Box Number is Not Acceptable)	-		
511 ROSA	RY ROAD		-					
SUITE 10			la	3				
LARGO FL	. 33770		8	4 City	FI	85 Zip C	ode	
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					quired when reinstating) DATE	ID DIDECTO	20 IN 42	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	(D	☐ DELETE	1.1 TITLE 1.2 NAM			☐ Criainge	Addition	
NAME	D'ANDREA MARLENE			E [			Į.	
STREET ADDRESS	511 ROSARY ROAD, SUITE 10			EET ADDRESS				
CITY-ST-ZIP	LARGO FL			-ST-ZIP			TAILES.	
TITLE	D	☐ DELETE	2.1 TITU			Change	☐ Addition	
NAME .	D'ANDREA, ROBERT R.			E			ì	
STREET ADDRESS				EET ADDRESS			. ]	
CITY-ST-ZIP	LARGO FL		2. 4 CITY	-ST-ZIP				
TITLE				:  ·		☐ Change	☐ Addition	
NAME	D'ANDREA, ROBERT JR.		3.2 NAM	E				
STREET ADDRESS	8100 ULMERTON ROAD		3.3 STRE	ET ADDRESS			ľ	
CITY-ST-ZIP	LARGO FL		3.4. CITY	-ST-ZIP		_		
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	WHITE, RANDY		4. 2 NAM	E				
STREET ADDRESS	2511 N. GRADY		4.3 STR	ET ADDRESS			}	
CITY-ST-ZIP	TAMPA FL 33607		4.4 CITY	-ST-ZIP				
TITLE			5.1 TITLE	: T		☐ Change	☐ Addition	
NAME	THOMAS, MIKE		5.2 NAM	E			1	
STREET ADDRESS	5533-81ST TERRACE,		5.3 STRI	ET ADDRESS		•	}	
CITY-ST-ZIP	PINELLAS PARK FL		5.4 CITY	-ST-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE	= -		☐ Change	Addition	
NAME	DONOVAN, TERRY		6.2 NAM	E			1	
STREET ADDRESS	8600 ULMERTON ROAD		6.3 STR	ET ADDRESS				
			6.4 CITY	-ST-ZIP				
CITY-ST-ZIP	LARGO FL 33771	<u> </u>						

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: