

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90003 041 \*\*\*\*61.25

**DOCUMENT # N96000002110**

1. Entity Name

SET FREE IF YOU WANT TO BE, INC.



Principal Place of Business

6922 142ND AVE NORTH  
C/O CTN  
LARGO FL 33771  
US

Mailing Address

POST OFFICE BOX 2068  
LARGO FL 33779-2068  
US

34011860



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3373505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'ANDREA, MARLENE  
6922  
C/O CTN  
LARGO FL 33771

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	D'ANDREA MARLENE	
STREET ADDRESS	6922 142ND AVE NORTH	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	V	<input type="checkbox"/> Delete
NAME	D'ANDREA, ROBERT R.	
STREET ADDRESS	6922 142ND AVE NORTH	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	S	<input type="checkbox"/> Delete
NAME	D'ANDREA, ROBERT, JR.	
STREET ADDRESS	8100 ULMERTON ROAD, SUITE 1	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, GAIL	
STREET ADDRESS	5533 81ST TERRACE	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, MIKE	
STREET ADDRESS	5533-81ST TERRACE	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONOVAN, TERRY	
STREET ADDRESS	8100 ULMERTON ROAD, SUITE 1	
CITY-ST-ZIP	LARGO FL 33771	

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLANDA MORRIS	
STREET ADDRESS	6840 S. BROADWAY	
CITY-ST-ZIP	CENTENNIAL, CO 80122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-586-3733

MARLENE D'ANDREA

2/11/04