2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2004 8:00 am Secretary of State

DOCUMENT # N9700006051 1. Entity Name THE MERRILL D. AND ELIZABETH T. FREEMAN FOUNDATION, INC.						04-08-200	04 90049 02	26 ****6:	1.25
Principal Place of Business 7300 S.W. 47TH COURT MIAMI, FL 33143		Mailing Address 7300 S.W. 47TH COURT MIAMI, FL 33143					54	02892	25
2. Principal Place of Business		3. Mailing Address				 			E1 B1 BE1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132004	Chg-NP	CR2E03	7 (10/03)	
City & State		City & State	<u></u> .		4. FEI Numbe 13-6088				oplied For
Zip	Country	Zip	Country		5. Certificate	of Status Desired	- -	\$8.75 Add	litional t
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of Nev	v Registered Aç	gent	
OLAZABAL, F. DAVID			Name	ELIZ	zab eth	F. OLA	YZABAL		- ÷
9300 SW 473 COURT MIAMI, FL 33143			Street Ad	eet Address (P.O. Box Number is Not Acceptable) 7300 SW 47 COURT					
			City A 1		A :			Zip Code	·
8 The above of	named entity submits this statement for	the purpose of changing its red	M	I.A.M		n the State of	FL.	Zip Code	
	ons of registered agent.	the purpose of Changing its reg	listeled office of tel	gistered	agent, or both, i	ii the State of	rionda. Tam ta	arnuar with, a	and accept
SIGNATURE Clizabeth 7. Clazabal FLIZABETH F.OLAZABAL 4/04/04 Signatury high or printed name of registered agent anguly it applicable (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature typed or printed name of registered agent	- -/ `				4	4/04/	707	
		and the il applicable. (NOTE:	Registered Agent signatur	ire required	when reinstating)	Spinisp of the second	DATE Make check	pavable t	0
	Filing Fee is \$61.25 Due by May 1, 2004	and fill it applicable. (NOTE: 9. Election Camp Trust Fund Co	Registered Agent signatur paign Financing	ire required	\$5.00 May Br Added to Fees	3, 1-1 and 10 an	DATE	ment of S	taté
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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 suppliemental report is true and accurate and that my signature shall have the same legal effect as of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes: an of the defect of that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

SI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #