

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-08-2004 90049 026 ****61.25

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1. Entity Name
**THE MERRILL D. AND ELIZABETH T. FREEMAN
FOUNDATION, INC.**

Principal Place of Business
7300 S.W. 47TH COURT
MIAMI, FL 33143

Mailing Address
7300 S.W. 47TH COURT
MIAMI, FL 33143

54028925



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
13-6088829

Applied For
Not Applicable

Zip

Country

Zip

Country

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

OLAZABAL, F. DAVID
9300 SW 473 COURT
MIAMI, FL 33143

Name **ELIZABETH F. OLAZABAL**

Street Address (P.O. Box Number is Not Acceptable)
7300 SW 47 COURT

City **MIAMI**

FL Zip Code **33143**

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 *Elizabeth F. Olazabal* **ELIZABETH F. OLAZABAL** **4/04/04**
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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 **D** ☐ Delete
NAME **PLAZABAL, FRANCISCO J**
STREET ADDRESS **7300 SW 47 COURT**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **D VP** ☒ Change ☐ Addition
NAME **OLAZABAL, FRANCISCO J. (spelling)**
STREET ADDRESS **7900 SW 47th COURT**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **D** ☐ Delete
NAME **OLAZABAL, ANN M**
STREET ADDRESS **1435 ANCONA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **D T** ☒ Change ☐ Addition
NAME **OLAZABAL, ANN M**
STREET ADDRESS **1435 ANCONA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **D** ☐ Delete
NAME **OLAZABAL, ELIZABETH**
STREET ADDRESS **7300 SW 47TH CT**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **D P** ☒ Change ☐ Addition
NAME **ELIZABETH F. OLAZABAL**
STREET ADDRESS **7300 SW 47th COURT**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Elizabeth F. Olazabal* **ELIZABETH F. OLAZABAL** **4/04/04** **(305) 666-6062**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #