


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000006051		
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	
DO NOT WRITE IN THIS SPACE		



03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-6088829	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OLAZABAL, ELIZABETH 7300 SW 47TH CRT MIAMI, FL 33143	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLAZABAL, FRANCISCO J 7300 SW 47 COURT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OLAZABAL, ANN M 1210 MENDAVIA AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OLAZABAL, ELIZABETH 7300 SW 47TH CT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLAZABAL, MARY E 621 SAN ESTEBAN AVE MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/08-80046-009 61.25

**DO NOT WRITE
IN THIS SPACE**

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, DP 4/20/08 305-666-6062**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone