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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N98000005271

FREEDOM FINANCIAL CONSULTANTS, INC.

Principal Place of Business

Mailing Address

3510 S. FLORIDA AVE., STE. 103 LAKELAND FL 33803

2. Principal Place of Business

Suite, Apt. #, etc.

3510 S. FLORIDA AVE., STE. 103

LAKELAND FL 33803

2a. Mailing Address

Suite, Apt. #, etc.

FILED Mar 06, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

09/15/1998

22		27								, фро
City & Stat	e	28	City & State				5. Certificate of Status Desired		\$8.75 Ad Fee Req	
Zip	Country 25	29	Zip	Cot	intry		Election Campaign Financing Trust Fund Contribution	7 🗆	\$5.00 N Added to	
[4]	9. Name and Address of Current		ntored Agent	30	I		10. Name and Address of New	Registere		
	5. Name and Address of Current	Reyn	Praien Waur		81	Name				
					•	rvamo				
CHRISTIAN	ł, B. JOE				82	Street Addre	ss (P.O. Box Number is Not Accep	otable)		
3510 S. FL	LORIDA AVE., STE. 103								·	
LAKELAND					83					
					84	City			. 85 Zip Co	ode
					Ιį			F		
office or a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Flori ons of	da, Such change was a f, Section 617.0503, Flo	uthonzer orida Stat	utes.	the corporation	n's board of directors. 1 nereby acc	ept the app	of changing its re ointment as regi	egistered istered
12.	Signature, typed or printed name of registered agent a OFFICERS AND			13.	Agent	: signatura required	ADDITIONS/CHANGES TO C		AND DIRECTOR	RS IN 12
	OFFICERS AND	DIN	DELETE	1.1 T	TI F	123	ESIDENT -D		Change	Addition
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NAME								EZZ		
STREET ADDRESS						ADDRESS 114		3381	2	
CITY-ST-ZIP					ITY-ST	r-ZIP	KELFIND, FL	<u> </u>	☐ Change	Addition
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NAME				2.2 N	AME	$ \mathcal{G} $	20E SUBD	n\\		
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TITLE			☐ DELETE	5.1 T					Change	☐ Addition
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STREET ADDRESS				5.3 S	TREET	ADDRESS			`	•
CITY-ST-ZIP				5.4 0	ITY-S1	T-ZIP				
TITLE			☐ DELETE	6.1 T	TLE				☐ Change	☐ Addition
NAME				6.2 N	AME					
						ADDRESS				
STREET ADDRESS					ITY-S1					
CITY-ST-ZIP	certify that the information supplied with	thin	filing does not qualify fo				ection 119 07(3)(i) Florida Statute	s. I further o	ertify that the in	formation
· ineception	certify that the information supplied with	uis	many does not quality to	ii lije ext	mpa	on stated in Se	shall have the same local effect a	c if made u	der oath: that I	am an

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:

Applied For