

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000005271**

1. Entity Name

**FREEDOM FINANCIAL CONSULTANTS, INC.**



Principal Place of Business

**3500 S. FLORIDA AVE., STE. 6  
LAKELAND, FL 33803**

Mailing Address

**3500 S. FLORIDA AVE., STE. 6  
LAKELAND, FL 33803**



01062004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

**59-3541959**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**CARUSO, JOY T  
2811 SHOAL CREEK VILLAGE DR  
LAKELAND, FL 33803**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

**PD  
LYNN, LARRY H JR  
1143 LK POINT TERR  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VD  
CHRISTIAN, B J  
403 S RD  
LAKELAND, FL 33809**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**STD  
CARUSO, JOY T  
2811 SHOAL CREEK VILLAGE DR  
LAKELAND, FL 33803**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000008079  
41/20/04-80047-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

1/15/04 (863) 646-6887