

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90002 005 \*\*\*\*61.25

**DOCUMENT # N98000005953**

1. Corporation Name

**FREEDOM ON THE ROCK, INC.**

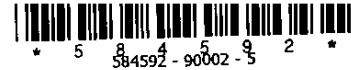
*tax ID # 59-3543440*

Principal Place of Business

Mailing Address

410 ORLANDO AVE #16A  
OCOE FL 34761

410 ORLANDO AVE #16A  
OCOE FL 34761



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**10/16/1998**

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For  
Not Applicable

2 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

3 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

4 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAMER, CHARLES W**  
**1420 EDGEWATER DRIVE**  
**ORLANDO FL 32804**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
LITTLE, BRYAN  
STREET ADDRESS  
410 ORLANDO AVE #16A  
CITY-ST-ZIP  
OCOE FL 34761

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE  
NAME  
LITTLE, MARTHA  
STREET ADDRESS  
410 ORLANDO AVE #16A  
CITY-ST-ZIP  
OCOE FL 34761

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE  
NAME  
COLUMBUS, REBECCA  
STREET ADDRESS  
8630 LANSMERE LANE  
CITY-ST-ZIP  
ORLANDO FL 32835

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

4. 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 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*7-6-99*

Date

*(407) 422-1800*

Daytime Phone #

0010669

CR2E037 (5/99)