

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000874

FILED  
Apr 29, 2011  
Secretary of State

Entity Name: FREEDOM FELLOWSHIP, INC.

## Current Principal Place of Business:

1289 SW FLETCHER LANE  
PORT ST. LUCIE, FL 34953

## New Principal Place of Business:

2525 SW DECKARD STREET  
PORT ST. LUCIE, FL 34953 US

## Current Mailing Address:

1289 SW FLETCHER LANE  
PORT ST. LUCIE, FL 34953

## New Mailing Address:

2525 SW DECKARD STREET  
PORT ST. LUCIE, FL 34953 US

FEI Number: 65-0895719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'HEARN, JAMES J  
2466 NE 17TH COURT  
JENSEN BEACH, FL 34957 US

## Name and Address of New Registered Agent:

VIENS, SHANE R  
2525 SW DECKARD STREET  
PORT SAINT LUCIE, FL 34953 US

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.

SIGNATURE: SHANE VIENS

04/29/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: VIENS, ROBERT  
Address: 1289 SW FLETCHER LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: STD  
Name: VIENS, BARBARA  
Address: 1289 SW FLETCHER LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D  
Name: VIENS, JASON  
Address: 1289 SW FLETCHER LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D  
Name: VIENS, SHANE  
Address: 1289 SW FLETCHER LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D  
Name: VIENS, S  
Address: 1289 S W FLETCHER LANE  
City-St-Zip: PORT ST.LUCIE, FL 34953 US

Title: D  
Name: VIENS, S  
Address: 1289 S W FLETCHER LANE  
City-St-Zip: PORT ST.LUCIE, FL 34953 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHANE VIENS

D

04/29/2011

Electronic Signature of Signing Officer or Director

Date