

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90036 040 ****61.25

DOCUMENT # N99000002857

1. Entity Name

DONNADALE FREEDOM FOUNDATION, INC.



Principal Place of Business

% ROBERT L. SVOBODA
31 FAIRWAY CIRCLE
NEW SMYRNA BEACH FL 32168

Mailing Address

% ROBERT L. SVOBODA
31 FAIRWAY CIRCLE
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3581507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SVABODA, ROBERT L
31 FAIRWAY CIRCLE
NEW SMYRNA BEACH FL 32168**

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SVOBODA, ROBERT L
STREET ADDRESS 31 FAIRWAY CIRCLE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete **Deceased**
NAME SVOBODA, DONNA H
STREET ADDRESS 31 FAIRWAY CIRCLE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☒ Change ☐ Addition
NAME **Sd Catherine Svoboda**
STREET ADDRESS **6012 39th Ave**
CITY-ST-ZIP **Hyattsville MD. 20782**

TITLE VP ☐ Delete
NAME ALESSANDRI, JUDITH A
STREET ADDRESS 42504 LAKE SUCCESS DRIVE
CITY-ST-ZIP NORTHVILLE MI 48167

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T / D ☐ Delete
NAME SVOBODA, ROBERT L JR.
STREET ADDRESS 329 MOROSS
CITY-ST-ZIP GROSSE POINTE MI 48236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME **Therese Staub**
STREET ADDRESS **226 Prince William Way**
CITY-ST-ZIP **Chalfonte PA. 18914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME **Carol Svoboda**
STREET ADDRESS **1715 N. Inglewood**
CITY-ST-ZIP **Arlington Virginia 22205**

12. 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 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 #

Jan 25 2005 (386) 427-8130