

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002857

1. Entity Name

DONNADALE FREEDOM FOUNDATION, INC.

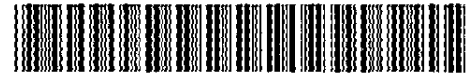


Principal Place of Business

% 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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3581507

Applied For

Not Applicable

Zip

Country

Zip

Country

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 admits 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 registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

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

TITLE SD
NAME SVOBODA, CATHERINE
STREET ADDRESS 6012 39TH AVE
CITY-ST-ZIP HYATTSVILLE MD 20782 ☐ Delete

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

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

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

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

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

TITLE D
NAME STAUB, THERESE
STREET ADDRESS 226 PRINCE WILLIAM WAY
CITY-ST-ZIP CHALFONT PA 18914 ☐ Delete

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

TITLE D
NAME SVOBODA, CAROL
STREET ADDRESS 1715 N INGLEWOOD
CITY-ST-ZIP ARLINGTON VA 22205 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

U00000396464
01/30/06-80012-003 61.25