2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N99000002857 Jan 31, 2007 08:00 AM 1. Entity Namo **Secretary of State** DONNADALE FREEDOM FOUNDATION, INC. Principal Place of Business Mailing Address % ROBERT L. SVOBODA 31 FAIRWAY CIRCLE NEW SMYRNA BEACH FL 32168 % ROBERT L. SVOBODA 31 FAIRWAY CIRCLE NEW SMYRNA BEACH FL 32168 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 59-3581507 Not Applicable Zip Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SVABODA, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 31 FAIRWAY CIRCLE **NEW SMYRNA BEACH FL 32168** 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 # applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete ☐ Change Addition TITLE PD NAME. NAME SVOBODA, ROBERT L U000000612746 STREET ADDRESS 31 FAIRWAY CIRCLE STREET ADORESS 02/05/07-80012-015 61.25 CITY-ST-ZIP CITY-SI-ZIP NEW SMYRNA BEACH FL 32168 TITLE Delete TITLE ☐ Change ☐ Addition NAME SVOBODA, CATHERINE NAME STREET ADDRESS STRUET ADDRESS 6012 39TH AVE CITY-ST-ZIP CITY-ST-ZIP HYATTSVILLE MD 20782 Delete IIILE THE ☐ Change Addition Addition NAME ALESSANDRI, JUDITH A NAME STREET ADDRESS STREET ADDRESS 42504 LAKE SUCCESS DRIVE CITY-ST-ZIP CITY-ST-ZIP NORTHVILLE MI 48167 Change TITLE ☐ Delete TITLE Addition TD NAME SVOBODA, ROBERT L JR. STREET ADDRESS STREET ADDRESS 329 MOROSS CITY-ST-ZIP **GROSSE POINTE MI 48236** CITY - ST - ZIP Change DITTE ☐ Delete TITLE Addition NAME STAUB, THERESE NAME STREET ADDRESS STREET ADDRESS 226 PRINCE WILLIAM WAY CITY - ST-7/P CHALFONT PA 18914 CITY-ST-ZIP Change Delete TITLE Addition NAME SVOBODA, CAROL STREET ADDRESS | 1715 N INGLEWOOD STREET ADDRESS CITY-SI-7/P **ARLINGTON VA 22205** CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 receivor, or trystee 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:

Jan 30 2007

(386) 427-8130