

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000002857

1. Entity Name

DONNADALE FREEDOM FOUNDATION, INC.



FILED
Jul 07, 2008 08:00 AM
Secretary of State



Principal Place of Business Mailing Address
% ROBERT L. SVOBODA % ROBERT L. SVOBODA
31 FAIRWAY CIRCLE 31 FAIRWAY CIRCLE
NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/07)

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
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
SVOBODA, ROBERT L
31 FAIRWAY CIRCLE
NEW SMYRNA BEACH FL 32168

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 _____ DATE _____
(Signature typed or printed name of registered agent in title block is acceptable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SVOBODA, ROBERT L		NAME		
STREET ADDRESS	31 FAIRWAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SVOBODA, CATHERINE		NAME		
STREET ADDRESS	6012 39TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HYATTSVILLE MD 20782		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALESSANDRI, JUDITH A		NAME		
STREET ADDRESS	42504 LAKE SUCCESS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NORTHVILLE MI 48167		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SVOBODA, ROBERT L JR.		NAME		
STREET ADDRESS	329 MOROSS		STREET ADDRESS		
CITY-ST-ZIP	GROSSE POINTE MI 48236		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAUB, THERESE		NAME		
STREET ADDRESS	226 PRINCE WILLIAM WAY		STREET ADDRESS		
CITY-ST-ZIP	CHALFONT PA 18914		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SVOBODA, CAROL		NAME		
STREET ADDRESS	1715 N INGLEWOOD		STREET ADDRESS		
CITY-ST-ZIP	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 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 any other like empowered.

SIGNATURE: