2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# N99000002857

Entity Name: DONNADALE FREEDOM FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3581507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SVOBODA, ROBERT L
31 FAIRWAY CIRCLE
NEW SMYRNA BEACH, FL 32168 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: ROBERT L. SVOBODA 02/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SVOBODA, ROBERT L
Address: 31 FAIRWAY CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete
Name: SVOBODA, CATHERINE
Address: 6012 39TH AVE
City-St-Zip: HYATTSVILLE, MD 20782

Title: VP ( ) Delete
Name: ALESSANDRI, JUDITH A
Address: 42504 LAKE SUCCESS DRIVE
City-St-Zip: NORTHVILLE, MI 48167

Title: TD ( ) Delete
Name: SVOBODA, ROBERT L JR.
Address: 329 MOROSS
City-St-Zip: GROSSE POINTE, MI 48236

Title: D ( ) Delete
Name: STAUB, THERESE
Address: 226 PRINCE WILLIAM WAY
City-St-Zip: CHALFONT, PA 18914

Title: D ( ) Delete
Name: SVOBODA, CAROL
Address: 1715 N INGLEWOOD
City-St-Zip: ARLINGTON, VA 22205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: SVOBODA, CATHERINE M
Address: 6012 39TH AVE
City-St-Zip: HYATTSVILLE, MD 20782

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT L. SVOBODA PD 02/22/2009
Electronic Signature of Signing Officer or Director Date