

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002857

FILED
Jan 05, 2012
Secretary of State

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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D
Name: STAUB, THERESE
Address: 17 BARCLAY ROAD
City-St-Zip: LINE LEXINGTON, PA 18932

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

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE M. SVOBODA

SD

01/05/2012

Electronic Signature of Signing Officer or Director

_____ Date