


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90564 038 ****61.25

DOCUMENT # N99000007262	
1. Entity Name FREE FAMILY FOUNDATION CORP.	

Principal Place of Business 435 COUNTRY CLUB ROAD BELLEAIR, FL 33756	Mailing Address POST OFFICE 2036 CLEARWATER, FL 33757-2036
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20036263



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04152005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3611945	Applied For <input type="checkbox"/> Not Applicable
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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	
FREE, HARRY J 435 COUNTRY CLUB ROAD BELLEAIR, FL 33756		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREE, HARRY J	NAME	
STREET ADDRESS	435 COUNTRY CLUB ROAD	STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR, FL 33756	CITY-ST-ZIP	
TITLE	VPSD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREE, CAROLE J	NAME	
STREET ADDRESS	435 COUNTRY CLUB ROAD	STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR, FL 33756	CITY-ST-ZIP	
TITLE	TD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREE, THOMAS	NAME	
STREET ADDRESS	3086 OAKBROOK CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33759	CITY-ST-ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLON, DIANE E	NAME	
STREET ADDRESS	15442 WHISPERING WILLOW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33759	CITY-ST-ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREE, DOUGLAS J	NAME	
STREET ADDRESS	400 CHAMBERS ST. APT 5J	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10828	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: Harry J. Free **4-15-05 (727) 584-1605**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #