


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90005 015 \*\*\*\*61.25

<b>DOCUMENT # N99000007262</b> 1. Entity Name <b>FREE FAMILY FOUNDATION CORP.</b>					
Principal Place of Business <b>435 COUNTRY CLUB ROAD BELLEAIR, FL 33756</b>			Mailing Address <b>POST OFFICE 2036 CLEARWATER, FL 33757-2036</b>		
2. Principal Place of Business - No P.O. Box # <b>520 Ponce de Leon Blvd</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Belleair, FL</b>		City & State			
Zip <b>33756</b>		Country <b>USA</b>		4. FEI Number <b>59-3611945</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>FREE, HARRY J 435 COUNTRY CLUB ROAD BELLEAIR, FL 33756</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>520 Ponce de Leon Blvd.</b> City <b>Belleair</b> <b>FL</b> Zip Code <b>33756</b>		
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 <u><i>Harry J Free</i></u> DATE <u>1/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREE, HARRY J 435 COUNTRY CLUB ROAD BELLEAIR, FL 33756	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>520 Ponce de Leon Blvd. Belleair, FL 33756</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREE, CAROLE J 435 COUNTRY CLUB ROAD BELLEAIR, FL 33756	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>520 Ponce de Leon Blvd. Belleair, FL 33756</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREE, THOMAS 3086 OAKBROOK CIRCLE CLEARWATER, FL 33759	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANLON, DIANE E 15442 WHISPERING WILLOW DRIVE WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREE, DOUGLAS J 1801 HAWKWEED WAY MALVERN, PA 19355	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
SIGNATURE: <u><i>Harry J Free</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/23/08</u> Daytime Phone # <u>(727) 584-1605</u>		