

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007262

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: FREE FAMILY FOUNDATION CORP.

**Current Principal Place of Business:**

520 PONCE DE LEON BLVD  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE 2036  
CLEARWATER, FL 337572036

**New Mailing Address:**

FEI Number: 59-3611945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREE, HARRY J  
520 PONCE DE LEON BLVD  
CLEARWATER, FL 33756 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 ( ) Delete  
Name: FREE, HARRY J  
Address: 520 PONCE DE LEON BLVD  
City-St-Zip: CLEARWATER, FL 33756

Title: VD ( ) Delete  
Name: FREE, CAROLE J  
Address: 520 PONCE DE LEON BLVD  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: FREE, THOMAS  
Address: 3086 OAKBROOK CIRCLE  
City-St-Zip: CLEARWATER, FL 33759

Title: SD ( ) Delete  
Name: HANLON, DIANE E  
Address: 15442 WHISPERING WILLOW DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: TD ( ) Delete  
Name: FREE, DOUGLAS J  
Address: 1801 HAWKWEED WAY  
City-St-Zip: MALVERN, PA 19355

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

Title: TD (X) Change ( ) Addition  
Name: FREE, DOUGLAS J  
Address: 2308 BRISTOL AVE.  
City-St-Zip: TAMPA, FL 33609

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: HARRY J. FREE

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date