

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N01000002393

**Entity Name:** FREEDOM 7 FUNDRAISING COMMITTEE, INC.

**Current Principal Place of Business:**

400 4TH STREET S  
COCOA BEACH, FL 32931

**Current Mailing Address:**

400 4TH STREET S  
COCOA BEACH, FL 32931 US

**FEI Number:** 59-3699386

**Certificate of Status Desired:** No

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

LOTT, KATHRYN  
400 4TH STREET S  
COCOA BEACH, FL 32931 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:** KATHRYN LOTT

05/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BURCH, BRITNEY  
Address        400 4TH STREET S  
City-State-Zip: COCOA BEACH FL 32931

Title            VP  
Name            STVRAIN, JEN  
Address        400 4TH STREET S  
City-State-Zip: COCOA BEACH FL 32931

Title            TREASURER  
Name            BARNETT, CHRISTY  
Address        400 4TH STREET S  
City-State-Zip: COCOA BEACH FL 32931

Title            VP  
Name            SEGO, LINDSAY  
Address        400 4TH STREET S  
City-State-Zip: COCOA BEACH FL 32931

Title            VP  
Name            BRICENO, KARINA  
Address        400 4TH STREET S  
City-State-Zip: COCOA BEACH FL 32931

Title            SECRETARY  
Name            KAHLON, ERIN  
Address        400 4TH STREET S  
City-State-Zip: COCOA BEACH FL 32931

Title            DIRECTOR  
Name            DICKMAN, CHRIS  
Address        400 4TH STREET S  
City-State-Zip: COCOA BEACH FL 32931

Title            VP  
Name            STEVENSON, CARRIE  
Address        400 4TH STREET S  
City-State-Zip: COCOA BEACH FL 32931

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*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:** BRITNEY BURCH

PRESIDENT

05/02/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CHARARA, NICOLE  
Address 400 4TH STREET S  
City-State-Zip: COCOA BEACH FL 32931

Title DIRECTOR  
Name CAPODILUPO, KIM  
Address 400 4TH STREET S  
City-State-Zip: COCOA BEACH FL 32931

Title DIRECTOR  
Name JONES-REDDISH, NIKKI  
Address 400 4TH STREET S  
City-State-Zip: COCOA BEACH FL 32931