2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000878

Entity Name: FOREVER FREEDOM, CORP.

## Current Principal Place of Business:

10270 SW 139TH COURT MIAMI, FL 33186

# **Current Mailing Address:**

10270 SW 139TH COURT MIAMI, FL 33186

## FEI Number: 05-0601670

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

VARLEY, PATRICIA 10270 SW 139TH COURT MIAMI, FL 33186 US Certificate of Status Desired: No

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.

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SIGNATURE	E: PATRICIA VARLEY			04/28/2017
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	ED/S	Title	D	
Name	VARLEY, PATRICIA MAESTRA	Name	VARLEY, JOHN E MR	
Address	10270 SW 139TH COURT	Address	10270 SW 139TH COURT	
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186	
Title	D	Title	PCEO	
Name	VARLEY, LORENA MS	Name	VEHOVEC, STANISLAV SIR	
Address	10270 SW 139TH COURT	Address	10270 SW 139TH COURT	
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186	
Title	VP	Title	т	
Name	VAN DE VELDE, BARTHOLOMEUS H MAESTRO	Name	SEGURA, NORMA E MRS	
		Address	10270 SW 139TH COURT	
Address	10270 SW 139TH COURT	City-State-Zip:	MIAMI FL 33186	
City-State-Zip:	MIAMI FL 33186			
Title	VP	Title		
Name	SMYRNIOS, NIKOLAOS MAESTRO	Name	RADEZ, MATEJA MRS	
Address	10270 SW 139TH COURT	Address	10270 SW 139TH COURT	
		City-State-Zip:	MIAMI FL 33186	
City-State-Zip:	MIAMI FL 33186	Continues	on nago 2	

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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.

ED/S

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Apr 28, 2017 Secretary of State CC3703376994

Joetropic Signaturo of Signing Officer/Disaster Date

#### **Officer/Director Detail Continued :**

TitleFINANTIAL OFFICERNameSOPHOCLIDES, CONSTANTINOS MRAddress10270 SW 139TH COURTCity-State-Zip:MIAMI FL 33186