

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002919

**Entity Name:** FREEDOM INITIATIVE PROJECT INC.**Current Principal Place of Business:**5700 MEMORIAL HWY SUITE 202D  
TAMPA, FL 33615**Current Mailing Address:**5700 MEMORIAL HWY SUITE 202D  
TAMPA, FL 33615 US**FEI Number:** 47-3792274**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FULBRIGHT, KUMARI S  
8350 SAVANNAH TRACE CIRCLE  
SUITE 1806  
TAMPA, FL 33615 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	FULBRIGHT, KUMARI S
Address	8350 SAVANNAH TRACE CIRCLE, SUITE 1806
City-State-Zip:	TAMPA FL 33615

Title	DIRECTOR
Name	FULBRIGHT, VALERIE D
Address	8350 SAVANNAH TRACE CIRCLE SUITE 1806
City-State-Zip:	TAMPA FL 33615

Title	DIRECTOR
Name	BRANNEN, KEREE
Address	6203 HONEY DEW CT.
City-State-Zip:	AUSTIN TX 78749

Title	DIRECTOR
Name	SUTTON, L.
Address	3565 LAS VEGAS BLVD., SUITE 119
City-State-Zip:	LAS VEGAS NV 89109

*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:** KUMARI FULBRIGHT

DIRECTOR

03/25/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date