

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002857

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC6382911826**

**Entity Name:** DONNADALE FREEDOM FOUNDATION, INC.

**Current Principal Place of Business:**

% ROBERT L. SVOBODA  
31 FAIRWAY CIRCLE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

% ROBERT L. SVOBODA  
31 FAIRWAY CIRCLE  
NEW SMYRNA BEACH, FL 32168

**FEI Number: 59-3581507**

**Certificate of Status Desired: No**

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

SVOBODA, ROBERT L  
31 FAIRWAY CIRCLE  
NEW SMYRNA BEACH, FL 32168 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 PD  
Name SVOBODA, ROBERT LSR  
Address 31 FAIRWAY CIRCLE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title SD  
Name SVOBODA, CATHERINE M  
Address 6012 39TH AVE  
City-State-Zip: HYATTSVILLE MD 20782

Title VP  
Name ALESSANDRI, JUDITH A  
Address 42504 LAKE SUCCESS DRIVE  
City-State-Zip: NORTHVILLE MI 48167

Title TD  
Name SVOBODA, ROBERT LJR.  
Address 329 MOROSS  
City-State-Zip: GROSSE POINTE MI 48236

Title D  
Name STAUB, THERESE  
Address 17 BARCLAY ROAD  
City-State-Zip: LINE LEXINGTON PA 18932

Title D  
Name SVOBODA, CAROL  
Address 1715 N INGLEWOOD  
City-State-Zip: ARLINGTON VA 22205

*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: CATHERINE M. SVOBODA**

**SECRETARY**

**01/14/2014**

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

\_\_\_\_\_  
Date