

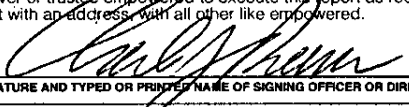


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90015 017 ****70.00

DOCUMENT # N02000002827			
1. Entity Name FOUR FREEDOMS FOUNDATION, INC.			
Principal Place of Business 406 MAGNOLIA DRIVE CLEARWATER, FL 33756		Mailing Address 406 MAGNOLIA DRIVE CLEARWATER, FL 33756	
2. Principal Place of Business 9880 MENAUL BLVD Suite, Apt. #, etc. H-14		3. Mailing Address PO BOX 565 Suite, Apt. #, etc.	
City & State ALBUQUERQUE, NM		City & State DATIL, NM	
Zip 87112	Country USA	Zip 87821	Country USA
4. FEI Number 01-0668145		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALI, JOANNE G 406 MAGNOLIA DRIVE CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name DEBRA BELLMAINE Street Address (P.O. Box Number is Not Acceptable) 1633 COACHMAKERS LANE City CLEARWATER FL Zip Code 33765	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DEBRA BELLMAINE 1/20/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALI, JOANNE G 406 MAGNOLIA DRIVE CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CALI, JOANNE G 9880 MENAUL BLVD, H-14 ALBUQUERQUE, NM 87112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRENNER, CHARLES J 406 MAGNOLIA DRIVE CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRENNER CHARLES J 9880 MENAUL BLVD, H-14 ALBUQUERQUE, NM 87112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLMAINE, DEBRA 1633 COACHMAKERS LANE CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		CHARLES J. PRENNER 1/20/04 505-772-5845	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	