## FILE NOW: FILING FEE 15 \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 709198 1. Corporation Name

LONGACRE FOUNDATION, INC.

Country

Principal Place of Business 3317 WOODY WAY TALLAHASSEE FL 32308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

3317 WOODY WAY TALLAHASSEE FL 32308

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90012 047 \*\*\*\*61.25



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

06/24/1965

59-1100499

4. FEI Number

4	25	29	30			I nust Fund Co		Added it	1 1 9 6 5
Name and Address of Current Registered Agent						10. Name and Ac	dress of New Regist	ered Agent	
LONGACRE; RUTH C.				81					·
3317 WOODY WAY				00					
TALLAHASSEE FL 32308				83					
				84	City		·····	85 Zip C	ode
					•		e de en estate de la lace de lace de la lace de lace de lace de lace de lace de la lace de lace de lace de lace de la lace de	FL 03 250	20,500,1375
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  The property of the printed name of registered agent and title if applicable.									
12.		ID DIRECTORS	13.			ADDITIONS/C	IANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1.1 Π	īLE .		9624 190	5	Change	☐ Addition
NAME			1,2 NA	ME		,			
	WOODY WAY	•		.3 STREET ADDRESS		ুট স্থান	, # ,,a= 4 , 4.4		
STREET ADDRESS	SST HOODI WAT			TY-ST					
CITY-ST-ZIP	VD DELETE 2.11							☐ Change	☐ Addition
TITLE	,,,			ME		:			.
NAME	MONNIO, ANGLAL				ADDRESS		• •		ļ
STREET ADDRESS	802 3.W. / III AVE			TY-S					
CITY-ST-ZIP	OKEECHOBEE, FL 0	□ DELETE	3.1 11	-	1-21		·	☐ Change	Addition
TITLE									
NAME	ANIMOTOMO, DAY				ADDRESS				1
STREET ADDRESS				ITY-S					}
CITY-ST-ZIP	OKEECHOBEE, FL 00000	DELETE	4,1 TI	_	I-ZIP			☐ Change	Addition
TITLE			4. 2 N						
NAME .			1		ADDRESS	+ t	17. 袋鹬 网络克		建铁 [
STREET ADDRESS	· ·			TY-SI					
CITY-ST-ZIP		☐ DELETE	5.1 TI		-217		<u>, 4 f., 1 i 4 i 1 j 5 _ 6 _ i .</u>	☐ Change	☐ Addition
TITLE		□ ptrc.rc	5.2 N		ļ				1
NAME	ļ				ADDRESS				,
STREET ADDRESS	The state of the s			TY-\$1		15 T 4 6	40		ļ
CITY-ST-ZIP	\$ \$5. C.E. **\$5.250	☐ DELETE	6.1 TI		-21-			Change	Addition
TITLE	3317 30 331		6.2 N		ļ	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_
NAME					ADDRESS				}
STREET ADDRESS							•		i
CITY-ST-ZIP	certify that the information supplied v	ista state Eliza da sa materiale. Es		TY-S		Section 119 07/3\/i\	Florida Statutes, I furth	er certify that the i	nformation
14. I herehy	certify that the information supplied V	in inis filing goes not guality to	・ いし じんじ	արև	וו סומוכט וו	1 George 1 19.07 (3)(1),	, 151,50 0000000110011	4	

I nereby certify that the minimation supplied with this hinting does not quality for the exemption states in Section 1.8.0 (a), i holida supplied with this hinting does not quality for the exemption states in Section 1.8.0 (a), i holida supplied with this hinting does not quality for the exemption of 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.