

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709198

FILED
Apr 27, 2006
Secretary of State

Entity Name: LONGACRE FOUNDATION, INC.

Current Principal Place of Business:

802 SW. 7TH AVE
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

802 SW. 7TH AVE
OKEECHOBEE, FL 34974 US

New Mailing Address:

FEI Number: 59-1100499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, ARLENE
802 SW. 7TH AVE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MORRIS, ARLENE
Address: 802 SW. 7TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: HUNA, DAVID
Address: 601 CAMELOT
City-St-Zip: BEL AIR, MD 21014

Title: VD () Delete
Name: SCOTT, JOHN
Address: 1481 LAKESIDE DR.
City-St-Zip: VENICE, FL 34293

Title: SD () Delete
Name: DILSAVER, JEAN
Address: 3662 SW 20TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: HUNA, MARK
Address: 541 PRIESTFORD RD
City-St-Zip: CHURCHVILLE, MD 21028

Title: D () Delete
Name: STUDELMEYER, CAROL
Address: 1694 W CHERRY CREEK RD
City-St-Zip: MIO, MI 48647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STADELMEYER, CAROL
Address: 1694 W CHERRY CREEK RD
City-St-Zip: MIO, MI 48647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARLENE MORRIS

PTD

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date