

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709198

FILED  
Apr 27, 2007  
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 (X) 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: STADELMEYER, 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: VD (X) Change ( ) Addition  
Name: HUNA, DAVID  
Address: 601 CAMELOT  
City-St-Zip: BEL AIR, MD 21014

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:

I hereby certify that the information supplied with this filing does not qualify 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

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date