


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 709198 1. Entity Name LONGACRE FOUNDATION, INC.	
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Principal Place of Business 802 SW. 7TH AVE OKEECHOBEE, FL 34974 US	Mailing Address 802 SW. 7TH AVE OKEECHOBEE, FL 34974 US
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01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1100499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MORRIS, ARLENE 802 SW. 7TH AVE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNA, DAVID 601 CAMELOT BEL AIR, MD 21014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DILSAVER, JEAN 3662 SW 20TH STREET OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNA, MARK 541 PRIESTFORD RD CHURCHVILLE, MD 21028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STADELMEYER, CAROL 1694 W CHERRY CREEK RD MIO, MI 48647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000812058
 02/12/08-80031-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Arlene Morris* *Arlene Morris* 1-28-08 (863) 763-8104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #