

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709198

**Entity Name:** LONGACRE FOUNDATION, INC.

**Current Principal Place of Business:**

802 SW. 7TH AVE  
OKEECHOBEE, FL 34974

**Current Mailing Address:**

802 SW. 7TH AVE  
OKEECHOBEE, FL 34974 US

**FEI Number:** 59-1100499

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

Title VD  
Name HUNA, DAVID  
Address 601 CAMELOT  
City-State-Zip: BEL AIR MD 21014

Title SD  
Name STADELMEYER, CAROL  
Address 1694 W CHERRY CREEK RD  
City-State-Zip: MIO MI 48647

Title D  
Name HUNA, MARK  
Address 541 PRIESTFORD RD  
City-State-Zip: CHURCHVILLE MD 21028

Title D  
Name SCOTT, BETTY  
Address 1481 LAKESIDE DR  
City-State-Zip: VENICE FL 34293

*I hereby 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 all other like empowered.*

**SIGNATURE:** ARLENE P. MORRIS

**PRESIDENT**

**02/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date