

2013 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 MORRIS

PRESIDENT

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date