

**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.**



Principal Place of Business  
**802 SW. 7TH AVE  
OKEECHOBEE, FL 34974 US**

Mailing Address  
**802 SW. 7TH AVE  
OKEECHOBEE, FL 34974 US**



01252008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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

**DO NOT WRITE  
IN THIS SPACE**

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 #