## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000008270

382 MAIN ST

JOHNSON CITY, NY 13790

Address:

City-St-Zip:

**Entity Name: THE ACORN FOUNDATION** 

FILED Mar 20, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1 W. JULIAND HILL RD GREENE, NY 13778 **New Mailing Address: Current Mailing Address:** 3280 C S ATLANTIC AVE #57 DAYTONA BCH SHORES, FL 32118 FEI Number: 31-1762325 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROOK-HARTE, JAN 5429 EAGLE CLAW DR PORT ORANGE, FL 32128 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BROOKE-HARTE, JAN Name: Name: 5429 EAGLE CLAW DR Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SANDERS, F. BROOKS Name: Name: Address: 175 KNAPP HILL RD Address: City-St-Zip: CASTLE CREEK, NY 13744 City-St-Zip: Title: () Delete Title: () Change () Addition HULTING, BRENDA Name: Name: 1102 CHUKKER LANE Address: Address: City-St-Zip: CROWNSVILLE, MD 210321926 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: NEWELL, YVONNE Name: Address: 81 SEMINARY AVE Address: City-St-Zip: BINGHAMTON, NY 13905 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition STEPHENSEN, ERNEST STEFFENSEN, ERNEST Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

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SIGNATURE: JAN BROOKE-HARTE PRES 03/20/2004