

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008270

FILED  
Jul 12, 2006  
Secretary of State

Entity Name: THE ACORN FOUNDATION

## Current Principal Place of Business:

1 W. JULIAND HILL RD  
#C  
GREENE, NY 13778

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 333  
PORT CRANE, NY 13833

## New Mailing Address:

FEI Number: 31-1762325      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BROOK-HARTE, JAN  
5429 EAGLE CLAW DR  
PORT ORANGE, FL 32128      US

## Name and Address of New Registered Agent:

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:

Title: P      ( ) Delete  
Name: BROOKE-HARTE, JAN  
Address: 5429 EAGLE CLAW DR  
City-St-Zip: PORT ORANGE, FL 32128

Title: D      ( ) Delete  
Name: SANDERS, F. BROOKS  
Address: 175 KNAPP HILL RD  
City-St-Zip: CASTLE CREEK, NY 13744

Title: D      ( ) Delete  
Name: HULTING, BRENDA  
Address: 1102 CHUKKER LANE  
City-St-Zip: CROWNSVILLE, MD 210321926

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: JAN BROOKE-HARTE

PRES

07/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date