2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008270

Entity Name: THE ACORN FOUNDATION

FILED Jul 16, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1 W. JULIAND HILL RD

GREENE, NY 13778

Current Mailing Address: New Mailing Address:

P.O. BOX 333

PORT CRANE, NY 13833

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: Name and Address of New Registered Agent:

BROOK-HARTE, JAN
5429 EAGLE CLAW DR
BROOK-HARTE, JAN
EAGLE CLAW DR.

PORT ORANGE, FL 32128 US 5429 PORT ORANGE, FL 32128 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: JAN BROOKE-HARTE 07/16/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change() Addition

 Name:
 BROOKE-HARTE, JAN
 Name:

 Address:
 5429 EAGLE CLAW DR
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:

 Name:
 SANDERS, F. BROOKS
 Name:
 SANDERS, F. BROOKS

 Address:
 175 KNAPP HILL RD
 Address:
 286 DEYO HILL RD. #2083

 City-St-Zip:
 CASTLE CREEK, NY 13744
 City-St-Zip:
 JOHNSON CITY, NY 13790

 Name:
 HULTING, BRENDA
 Name:
 HULTING, BRENDA

 Address:
 1102 CHUKKER LANE
 Address:
 1102 CHUKKER LANE

 City-St-Zip:
 CROWNSVILLE, MD 210321926
 City-St-Zip:
 CROWNSVILLE, MD 21032

I hereby certify that the information supplied with this filing does not qualify 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 07/16/2007