NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State
05-21-2003 90194 002 ****66.25

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DOCUMENT # N00000008270

1. Entity Name
THE ACORN FOUNDATION

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1 W. JULIAND HILL RD	3280-C S. ATLANTIC AVE #57
Suite, Apt. #, etc. #C	
City & State: GREENE, NY	City & State: DAYTONA BEACH, FLORIDA
Zip: 13778 Country: USA	Zip: 32118 Country: USA

4. FEI Number: 31-1762325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAN BROOKE-HARTE

Street Address (P.O. Box Number is Not Acceptable): 5429 EAGLE CLAW DR.

City: PORT ORANGE FL Zip Code: 32128

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: Jan Brooke-Harte JAN BROOKE-HARTE PRESIDENT 5/3/03
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	JAN BROOKE-HARTE	NAME	
STREET ADDRESS	5429 EAGLE CLAW DR.	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32128	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	F. BROOKS SANDERS	NAME	
STREET ADDRESS	175 KNAPP HILL RD.	STREET ADDRESS	
CITY-ST-ZIP	CASTLE CREEK, NY 13744	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	BRENDA HULTING	NAME	
STREET ADDRESS	1102 CHUKKER LANE	STREET ADDRESS	
CITY-ST-ZIP	CROWNSVILLE, MD 21032-1926	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	DIRECTOR	TITLE	
NAME	YVONNE NEWELL	NAME	**IN THIS SPACE**
STREET ADDRESS	81 SEMINARY AVE	STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON, NY 13905	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	ERNEST STEFFENSEN	NAME	
STREET ADDRESS	382 MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	JOHNSON CITY, NY 13790	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jan Brooke-Harte JAN BROOKE-HARTE 5/3/03