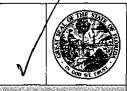
NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008270 THE ACORN FOUNDATION



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

DO NOT WRITE IN THIS SPACE				80120635	
2. Principal Place of Business W. JULIAND HELL RD Suite Apt. #, etc. ## C		3. Mailing Address 3280-C S. ATLATITIC AVE #51		DO NOT WRITE IN THIS SPACE	
City & State BREENE, NY 2		City & State DAYTOWA BEACH, FLOKUM		4. FEI Number 31-176 2325	Applied For Not Applicable
Zip 13715	Country USA	132118	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Name and Address of Current Registere	d Agent
DO NOT WRITE			Name JAN BROOKE - HARTE Street Address (P.O. Box Nuri		
	IN THIS SPA	ACE			Tin Code
			POICT	ORANGE FL	- 32/28
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees Florida Department of State					
TITLE	OFFICERS AND DIRE	CTORS	Time:		
7 '	JAN BROOKE-HARTE		NAME		, C
STREET ADDRESS { CITY-ST-ZIP	PORT OLANGE, FL		STREET ADDRESS CITY-ST-ZIP		
— -	PIRECTOR	32/20	TITLE		es an area commence and a commence of
NAME]	E. BROOKS SANDERS		NAME		6
STREET ADDRESS CITY-ST-ZIP	175-KNAPP WILL RD. CASTLE CLEGK, NY 1374	44	STREET ADDRESS City-St-Zip		
TITLE	DIRECTOR		Title		
	BRENDA HULTING UDZ_CHUKKER KAN	JE	NAME STREET ADDRESS		
CITY-ST-ZIP	CROWNSVILLE, MD	2/032-1926	CITY-ST-ZIP	- DO NOT WRI	TE
	DIRECTOR		INCE	IN THIS SPACE	CE CONTRACT
NAME (STREET ADDRESS)	YVONNG NEWELL 81 SEMINARY AUG		NAME STREET ADDRESS		
	BINGHAMTON, NY 139	8	CITY-ST-78P		and an end of the body production of the second
	DIRECTOR	•	TITLE NAME		
1 .	ERNEST STEFFENSEN 382 MAIN ST		STREET ADDRESS		
	JOHNSON CITY, NY 137	90	CMY-ST-ZIP		
TITLE			TITLE		
NAME STREET ADDRESS			NAME STREET ADDRESS		er i get i de grande en menerole de tra
CITY-ST-ZIP			CITY-ST-ZIP		

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:

Brooke-Darte