

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002317

FILED
Jan 19, 2006
Secretary of State

Entity Name: THE MEETS FOUNDATION INC.

Current Principal Place of Business:

4721 RIVERSIDE DR.
PO BOX #9
YANKEETOWN, FL 34498 US

New Principal Place of Business:

Current Mailing Address:

4721 RIVERSIDE DR.
PO BOX #9
YANKEETOWN, FL 34498 US

New Mailing Address:

FEI Number: 34-1983525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, MARK L
4721 RIVERSIDE DR.
YANKEETOWN, FL 34498 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: D-P () Delete
Name: MOORE, MARK L
Address: 4721 RIVERSIDE DR. PO BOX 9
City-St-Zip: YANKEETOWN, FL 34498 US

Title: D-VP () Delete
Name: MOORE, LESLIE E
Address: 4721 RIVERSIDE DR. PO BOX 9
City-St-Zip: YANKEETOWN, FL 34498 US

Title: D () Delete
Name: SHARON, REID
Address: 31 SOUTH SCHOOLCRAFT DR
City-St-Zip: INGLIS, FL 34449 US

Title: D () Delete
Name: TRAUTMAN, ALICE M
Address: 5895 SW 52ND ST
City-St-Zip: OCALA, FL 34474 US

Title: D () Delete
Name: SCHILLER, ELLIE F
Address: 42 MAGNOLIA PO BOX 109
City-St-Zip: YANKEETOWN, FL 34498 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D-T (X) Change () Addition
Name: SHARON, REID
Address: 31 SOUTH SCHOOLCRAFT DR
City-St-Zip: INGLIS, FL 34449 US

Title: D-S (X) Change () Addition
Name: TRAUTMAN, ALICE M
Address: 5895 SW 52ND ST
City-St-Zip: OCALA, FL 34474 US

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: MARK MOORE

D P

01/19/2006

Electronic Signature of Signing Officer or Director

Date