

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002317

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: THE MEETS FOUNDATION INC.

## Current Principal Place of Business:

15 CAPTAINS COVE RD  
BOX 915  
INGLIS, FL 34449 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 915  
INGLIS, FL 34449 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  
15 CAPTAINS COVE RD  
INGLIS, FL 34449 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: 15 CAPTAINS COVE RD  
City-St-Zip: INGLIS, FL 34449 US

Title: D-VP ( ) Delete  
Name: MOORE, LESLIE E  
Address: 15 CAPTAINS COVE RD  
City-St-Zip: INGLIS, FL 34449 US

Title: D-T ( ) 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: ( ) 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 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

DP

01/16/2008

Electronic Signature of Signing Officer or Director

Date