


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 09, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000007497		
1. Entity Name MARY ELLEN AND PETER W. VAN LARE FOUNDATION, INC.		
Principal Place of Business 9140 DEMARET COURT TRINITY, FL 34655 US	Mailing Address 9140 DEMARET COURT TRINITY, FL 34655 US	



08202008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3295768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VAN LARE, PETER W  
 9140 DEMARET COURT  
 TRINITY, FL 34655

**DO NOT WRITE IN THIS SPACE**

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: *Peter W. Van Lare* DATE: 8/30/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO VAN LARE, PETER W 9140 DEMARET COURT TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VAN LARE, MARY ELLEN 2756 N. GREEN VALLEY PKWY #905 HENDERSON, NV 89014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 09/09/08-80002-025 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter W. Van Lare* DATE: 8/30/08 DAYTIME PHONE #: 727-267-8077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR