

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

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



08202008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-3295768

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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

8/30/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
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U000000959239
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/08
Date

727-267-8077
Daytime Phone #