


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90001 028 \*\*\*\*61.25

<b>DOCUMENT # N25505</b>	
1. Entity Name <b>THE FORREST ADVISORY COUNCIL INC.</b>	

Principal Place of Business <b>ELIZABETH L. BERKOWITZ 17335 SE 66 PLACE OCKLAWAHA, FL 32179 US</b>	Mailing Address <b>ELIZABETH L. BERKOWITZ 17335 SE 66 PLACE SILVER SPRINGS, FL 32179 US</b>
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2. Principal Place of Business - No P.O. Box # <b>777 SE 314-A</b>	3. Mailing Address <b>264 NE 172 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06022008 Chg-NP CR2E037 (12/06)

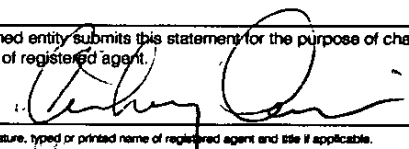
City & State <b>Ocklawaha, FL</b>	City & State <b>SILVER SPRINGS FL</b>
Zip <b>32179</b>	Zip <b>34488</b>
Country <b>MARION</b>	Country <b>MARION</b>

4. FEI Number <b>59-2952857</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HARRIS, DIANA L 770 SE 170TH AVE. SILVER SPRINGS, FL 34488</b>	
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7. Name and Address of New Registered Agent Name <b>DAVID, ANTHONY</b> Street Address (P.O. Box Number is Not Acceptable) <b>264 NE 172 AVE</b> City <b>SILVER SPRINGS FL</b> Zip Code <b>34488</b>	
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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 	DATE
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is <b>\$61.25</b> Due by <b>September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CODP HOUCK, SUSAN A 18681 SE 24 PLACE SILVER SPRINGS, FL 34488 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CODP DAVID, ANTHONY 264 NE 172 AVE SILVER SPRINGS, FL 34488 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, DIANA L 770 SE 170TH AVE SILVER SPRINGS, FL 34488 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GATTISON, KAREN 2702 NE 22ND CT. OCALA, FL 34470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CODP HARRIS, DIANA L. 770 SE 170TH AVE SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CODP BAKER, JENNIFER D. 1716 SE 169 TERR RD. SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVID, ANTHONY 264 NE 172 AVE SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUNN, MADELINE 2260 NE 145TH AVE RD SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		