

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29263

FILED
Apr 17, 2007
Secretary of State

Entity Name: MILEPOSTS FOUNDATION, INC.

Current Principal Place of Business:

932 BUNKER VIEW DR.
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66
RUSKIN, FL 33570 US

New Mailing Address:

P.O. BOX 66
RUSKIN, FL 33575 US

FEI Number: 59-2933951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, COLIN
932 BUNKER VIEW DR.
APOLLO BEACH, FL 33572 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: DP () Delete
Name: HARRIS, COLIN
Address: 932 BUNKER VIEW DR.
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: D () Delete
Name: REEVES, FRANK
Address: 3191 LAKE SAXON DR
City-St-Zip: LAND O'LAKES, FL 34639

Title: VP () Delete
Name: HAYES, MARY
Address: 28 BAYMEADOW CT.
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: MURRAY, CHRISTOPHER
Address: 185 LAKE MORTON DR., APT. O
City-St-Zip: LAKE LAND, FL 33801

Title: T () Delete
Name: HARRIS, CHRISTOPHER
Address: 10423 FLYFISHING ST.
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: COLIN HARRIS

DP

04/17/2007

Electronic Signature of Signing Officer or Director

Date