

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45856

FILED
Apr 09, 2008
Secretary of State

Entity Name: STINE FOUNDATION, INC.

Current Principal Place of Business:

1209 EDGEWATER DRIVE
102
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 547798
ORLANDO, FL 32854 US

New Mailing Address:

FEI Number: 59-3095834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A M & E SERVICES LLC
605 E ROBINSON ST
SUITE 730
ORLANDO, FL 32801 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 () Delete
Name: ARMSTRONG, NANCY J
Address: P O BOX 547798
City-St-Zip: ORLANDO, FL 32854

Title: D () Delete
Name: STINE, ROBERT H
Address: P O BOX 547798
City-St-Zip: ORLANDO, FL 32854

Title: D () Delete
Name: STINE, EUGENIE E
Address: P O BOX 547798
City-St-Zip: ORLANDO, FL 32854

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:

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: ROBERT H STINE

D

04/09/2008

Electronic Signature of Signing Officer or Director

Date