

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-30-2007 90852 018 \*\*\*\*\*61.25  
N95000002516

FILED

07 JUL 17 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N95000002516</b>					
1. Entity Name THE STACKS FOUNDATION INC.					
Principal Place of Business 761 E SR 50 CLERMONT, FL 34711 US			Mailing Address P.O. BOX 66 GROVELAND, FL 34736		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. 10430 Loghouse Rd			Suite, Apt. #, etc.		
City & State CLERMONT, FL			City & State		
Zip 34711		Country USA		Zip	
				Country	
4. FEI Number 31-1478158				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BOYETTE, WADE 1380 GRAND HIGHWAY BANK FIRST BUILDING CLERMONT, FL 34711			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, SANDRA L		NAME		
STREET ADDRESS	11240 HOWEY CROSS RD		STREET ADDRESS		
CITY-STATE-ZIP	CLERMONT, FL 34711		CITY-STATE-ZIP		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORNELL, PAUL		NAME		
STREET ADDRESS	10430 LOGHOUSE RD		STREET ADDRESS		
CITY-STATE-ZIP	CLERMONT, FL 34711		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESLINGON, MAGGIE <i>ESLINGER</i>		NAME		
STREET ADDRESS	6974 GREEN SWAMP RD		STREET ADDRESS		
CITY-STATE-ZIP	CLERMONT, FL 34711		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

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

*Sandra L. White*