

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

CK# 3374

**FILED**

**Mar 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N95000002516</b>	
1. Entity Name THE STACKS FOUNDATION INC.	
Principal Place of Business 10430 LOGHOUSE RD CLERMONT, FL 34711 US	Mailing Address P.O. BOX 66 GROVELAND, FL 34736



03082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-1478158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  BOYETTE, WADE 1380 GRAND HIGHWAY BANK FIRST BUILDING CLERMONT, FL 34711	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WHITE, SANDRA L 11240 HOWEY CROSS RD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CORNEILL, PAUL 10430 LOGHOUSE RD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESLINGER, MAGGIE 6974 GREEN SWAMP RD CLERMONT, FL 34711
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04/09/08-80027-009 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 empowerments.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-08

Date

352-394-1185

Daytime Phone #