

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002516

FILED
Feb 03, 2009
Secretary of State

Entity Name: THE STACKS FOUNDATION INC.

Current Principal Place of Business:

10430 LOGHOUSE RD
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 31-1478158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYETTE, WADE
1380 GRAND HIGHWAY
BANK FIRST BUILDING
CLERMONT, FL 34711 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: DVS () Delete
Name: WHITE, SANDRA L
Address: 11240 HOWEY CROSS RD
City-St-Zip: CLERMONT, FL 34711

Title: DPT () Delete
Name: CORNELL, PAUL
Address: 10430 LOGHOUSE RD
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: ESLINGER, MAGGIE
Address: 6974 GREEN SWAMP RD
City-St-Zip: CLERMONT, FL 34711

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: PAUL CORNELL

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date