

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90010 034 \*\*\*\*61.25

**DOCUMENT # N97000002984**

1. Entity Name

ACKER FAMILY FOUNDATION, INC.



Principal Place of Business

115 N. COUNTRY RD.  
SHOREHAM NY 11786

Mailing Address

P O BOX 429  
SHOREHAM NY 11786  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0754941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILTON, JOHN D JR.  
STE. 3000, 1 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
NAME  
PDC  
ACHER, BRUCE ☐ Delete  
STREET ADDRESS  
115 N COUNTRY RD, P O BOX 429  
CITY-ST-ZIP  
SHOREHAM NY 11786

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
DST  
ANDREWS, ANNA ☐ Delete  
STREET ADDRESS  
115 N COUNTRY RD, BOX 429  
CITY-ST-ZIP  
SHOREHAM NY 11786

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
VD  
ACKER, HOLLY ☐ Delete  
STREET ADDRESS  
115 N COUNTRY RD, BOX 429  
CITY-ST-ZIP  
SHOREHAM NY 11786

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
VD  
ACKER, HEATHER ☐ Delete  
STREET ADDRESS  
115 W COUNTRY RD BOX 429  
CITY-ST-ZIP  
SHOREMAN NY 11786

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/05 631-744-9340