2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008
Secretary of State

DOCUMENT# N97000002984

Entity Name: ACKER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

115 N. COUNTRY RD.
SHOREHAM, NY 11786

New Principal Place of Business:

Current Mailing Address:

P O BOX 429
SHOREHAM, NY 11786 US

New Mailing Address:

FEI Number: 65-0754941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILTON, JOHN D JR.
STE. 3000, 1 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202 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: PDC ( ) Delete
Name: ACHER, BRUCE
Address: 115 N COUNTRY RD, P O BOX 429
City-St-Zip: SHOREHAM, NY 11786

Title: DST ( ) Delete
Name: ANDREWS, ANNA
Address: 115 N COUNTRY RD, BOX 429
City-St-Zip: SHOREHAM, NY 11786

Title: VD ( ) Delete
Name: ACKER, HOLLY
Address: 115 N COUNTRY RD, BOX 429
City-St-Zip: SHOREHAM, NY 11786

Title: VD ( ) Delete
Name: ACKER, HEATHER
Address: 115 W COUNTRY RD BOX 429
City-St-Zip: SHOREMAN, NY 11786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change ( ) Addition
Name: ACKER, BRUCE
Address: 115 N COUNTRY RD, P O BOX 429
City-St-Zip: SHOREHAM, NY 11786

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: BRUCE ACKER PRES 07/17/2008

Electronic Signature of Signing Officer or Director — Date