

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

06 SEP -7 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005305

1. Entity Name

THE "MOUNTAIN" FOUNDATION, INC.



Principal Place of Business

1818 WEXHAM BLVD.  
APOPKA, FL 32703

Mailing Address

1818 WEXHAM BLVD.  
APOPKA, FL 32703



08302006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3492720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERRY, JOEL D  
1818 WEXHAM BLVD.  
APOPKA, FL 32703

**DO NOT WRITE  
IN THIS SPACE**

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)

300079734203

09/12/06--01068--022 \*\*\$2.00

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BERRY, JOEL D  
STREET ADDRESS 1818 WEXHAM BLVD.  
CITY-ST-ZIP APOPKA, FL 32703

TITLE D  
NAME BERRY, KATHIE J  
STREET ADDRESS 1818 WEXHAM BLVD.  
CITY-ST-ZIP APOPKA, FL 32703

TITLE D  
NAME SIMS, ANGELO  
STREET ADDRESS 4434 BROOKE ST  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE D  
NAME SMITH, CHARLES  
STREET ADDRESS 2494 RAVENALL AVE  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 empowered.

SIGNATURE:

*Joel D. Berry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/06 (407) 889-9024  
Date Daytime Phone #

9/7/06