

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005305

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: THE "MOUNTAIN" FOUNDATION, INC.

**Current Principal Place of Business:**

1818 WEXHAM BLVD.  
APOPKA, FL 32703

**New Principal Place of Business:**

686 MAYA SUSAN LOOP  
APOPKA, FL 32712

**Current Mailing Address:**

1818 WEXHAM BLVD.  
APOPKA, FL 32703

**New Mailing Address:**

686 MAYA SUSAN LOOP  
APOPKA, FL 32712

FEI Number: 59-3492720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BERRY, JOEL D  
686 MAYA SUSAN LOOP  
APOPKA, FL 32712 US

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: JOEL D. BERRY

01/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BERRY, JOEL D  
Address: 1818 WEXHAM BLVD.  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: BERRY, KATHIE J  
Address: 1818 WEXHAM BLVD.  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: SIMS, ANGELO  
Address: 4434 BROOKE ST  
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete  
Name: SMITH, CHARLES  
Address: 2494 RAVENALL AVE  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BERRY, JOEL D  
Address: 686 MAYA SUSAN LOOP  
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition  
Name: BERRY, KATHIE J  
Address: 686 MAYA SUSAN LOOP  
City-St-Zip: APOPKA, FL 32712

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: JOEL D. BERRY

PD

01/30/2007

Electronic Signature of Signing Officer or Director

Date