

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2008 8:00 am**  
**Secretary of State**

09-04-2008 90046 005 \*\*\*\*61.25

**DOCUMENT # N97000005305**

1. Entity Name  
**THE "MOUNTAIN" FOUNDATION, INC.**



Principal Place of Business  
**686 MAYA SUSAN LOOP  
APOPKA, FL 32712**

Mailing Address  
**686 MAYA SUSAN LOOP  
APOPKA, FL 32712**

**40115221**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3492720**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 PD  
NAME BERRY, JOEL D ☐ Delete  
STREET ADDRESS 686 MAYA SUSAN LOOP  
CITY-ST-ZIP APOPKA, FL 32712

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

TITLE D  
NAME BERRY, KATHIE J ☐ Delete  
STREET ADDRESS 686 MAYA SUSAN LOOP  
CITY-ST-ZIP APOPKA, FL 32712

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

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

TITLE ☒ Change ☐ Addition  
NAME Sims, Angelo L.  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME Smith, Charles H.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Ausmus, Bonita N.  
CITY-ST-ZIP 4635 Ringneck RD  
ORLANDO, FL 32808

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

*8/2/08*  
Date

*(407)889-9024*  
Daytime Phone #