2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N97000005305

Entity Name: THE "MOUNTAIN" FOUNDATION, INC.

Current Principal Place of Business:

686 MAYA SUSAN LOOP
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

686 MAYA SUSAN LOOP
APOPKA, FL 32712

New Mailing Address:

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

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

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

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

Title: D (X) Delete
Name: RUSMUS, BONITA N
Address: 4635 RINGNECK RD
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOEL BERRY PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date