


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 716881 (8)</b>					
1. Corporation Name <b>UNITED SOLAR FELLOWSHIP, INC.</b>					
Principal Place of Business <b>14125 NORTH ROAD LOXAHATCHEE FL 33470</b>			Mailing Address <b>14125 NORTH ROAD LOXAHATCHEE FL 33470-4603</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/15/1969</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>04/17/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>59-2434474</b>	
23 Zip		28 Country		Applied For Not Applicable	
24		25		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>FORESTER, GEORGE H. 14125 NORTH ROAD LOXAHATCHEE FL 33470</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	<b>FORESTER, GEORGE H.</b>				
STREET ADDRESS	<b>14125 NORTH ROAD</b>				
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>LEACH, PAUL M</b>				
STREET ADDRESS	<b>14125 NORTH ROAD</b>				
CITY-ST-ZIP	<b>LOXAHATCHEE FL 33470</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>KRUEGER, ALEX</b>				
STREET ADDRESS	<b>14125 NORTH ROAD</b>				
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>SCHROEDER, MICHAEL</b>				
STREET ADDRESS	<b>14125 NORTH ROAD</b>				
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>				
TITLE	DST	<input type="checkbox"/> DELETE			
NAME	<b>REHLING, NANCY</b>				
STREET ADDRESS	<b>14125 NORTH ROAD</b>				
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)