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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

716881

(8)

UNITED SOLAR FELLOWSHIP, INC.

| FILED |
|--------------------|
| Feb 04 1998 8:00am |
| Secretary of State |

| Principal Place of Business | | Mailing Address | | | TE BENNEN NEWTE MENNE ANDREACH NEWTO MENNE THINK | |
|---|--|--|--|--|--|---|
| 14125 NORTH ROAD LOXAHATCHEE FL 33470 | | 14125 NORTH ROAD LOXAHATCHEE FL 33470 | | 3. Date Incorporated or Qualified | The Various subsection of the Control of the Contro | |
| | | | | | 07/15/1969 4. FEI Number | Applied For |
| | | | | | 59-2434474 | Not Applicable |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 21 | | 26 | | | | Fee Required |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| City & State | e | City & State | | | 7. Is this nonprofit corporation a hom | |
| 23 | | 28 | | ☐ Yes 🏖 No | | |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 3 | |
| | 9. Name and Address of Curre | nt Registered Agent | 81 1 | Name | 10. Name and Address of New Regi | stered Agent |
| FORFOT | TD OFOSOE II | | - | | | |
| | ter, george H. Iorth road | | 82 8 | Street Add | lress (P.O. Box Number is Not Acceptable | e) |
| | TCHEE FL 33470 | | 83 | | | - |
| LOVALIA | NOTICE TE 00470 | | 84 (| City | | 85 Zip Code |
| | | | | • | | FL!"I |
| 11. Pursuant | to the provisions of Sections 617.05 | 02 and 617,1508, Florida Statut | es, the above-n | amed cor | poration submits this statement for the pur tion's board of directors. I hereby accept | rpose of changing its registered the appointment as registered |
| agent La | m familiar with, and accept the oblig | gations of, Section 617.0503, Flo | orlda Statutes. | 10 001 por | morro occide or dispersion in the real property | |
| | | | | | | |
| SIGNATURE . | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ag | gent and title If applicable. (NOT | E: Registered Agent s | | ired when reinstating) | DATE |
| | Signature, typed or printed name of registered ag | | | | | DATE |
| SIGNATURE | Signature, typed or printed name of registered ag OFFICERS AN | gent and title if applicable. (NOT ND DIRECTORS | E: Registered Agent s | | ired when reinstating) | DATE RS AND DIRECTORS IN 12 |
| SIGNATURE . 12. TITLE | Signature, typed or printed name of registered as OFFICERS AN | gent and title if applicable. (NOT ND DIRECTORS | E: Registered Agent s 13. 1.1 TITLE | signature requ | ired when reinstating) | DATE RS AND DIRECTORS IN 12 |
| SIGNATURE . 12. TITLE NAME | Signature, typed or printed name of registered as OFFICERS AN P FORESTER, GEORGE H. | gent and title if applicable. (NOT ND DIRECTORS DELETE | E. Registered Agent s 13. 1.1 TITLE 1.2 NAME | ORESS | red when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTORS IN 12 Change |
| SIGNATURE . 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered as OFFICERS AN P FORESTER, GEORGE H. 14125 NORTH ROAD | gent and title if applicable. (NOT ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET AD | ORESS | red when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTORS IN 12 |
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14. I 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.