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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90099 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 716881 1. Corporation Name UNITED SOLAR FELLOWSHIP, INC.					
Principal Place of Business 14125 NORTH ROAD LOXAHATCHEE FL 33470			Mailing Address 14125 NORTH ROAD LOXAHATCHEE FL 33470		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1969	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 59-2434474	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FORESTER, GEORGE H. 14125 NORTH ROAD LOXAHATCHEE FL 33470		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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORESTER, GEORGE H.	1.2 NAME	
STREET ADDRESS	14125 NORTH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDGON, JIM	2.2 NAME	
STREET ADDRESS	10900 S.W. 48th ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33470-33328	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, PHILIP E	3.2 NAME	
STREET ADDRESS	11000 PROPERTY FARMS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, MICHAEL	4.2 NAME	
STREET ADDRESS	14125 NORTH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	4.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHEY, NANCY C	5.2 NAME	
STREET ADDRESS	14125 NORTH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUTTING, BARBARA A	6.2 NAME	
STREET ADDRESS	20 PALM DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy C. Fahey
 NANCY C. FAHEY

Date

Daytime Phone #

3/29/99 561-793-0423

CR2E037 (11/98)