

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739311 (9)
1. Corporation Name
FLORIDA SOLAR ENERGY INDUSTRIES ASSOCIATION, INC



Principal Place of Business Mailing Address
**6208 W. CORPORATE OAKS DR.
CRYSTAL RIVER FL 34429
US**

3. Date Incorporated or Qualified **06/09/1977** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2022792** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
10251 West Sample Rd. **10251 West Sample Rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite B **Suite B**
City & State City & State
Coral Springs, FL **Coral Springs, FL**
Zip 33065 Country US Zip 33065 Country US

9. Name and Address of Current Registered Agent

**KETTLES, COLLEEN M.
6208 W. CORPORATE OAKS DRIVE
CRYSTAL RIVERS FL 34429**

10. Name and Address of New Registered Agent

81 Name **Jalane L. Kellough**
82 Street Address (P.O. Box Number is Not Acceptable) **10251 West Sample Rd.**
83 **Suite B**
84 City **Coral Springs, FL** 85 Zip Code **33065**

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.

Jalane L. Kellough, Executive Dir. 4-23-96

SIGNATURE *Jalane L. Kellough*
Signature, typed or printed name of registered agent, and 1008 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHABES, JR. R	
STREET ADDRESS	6302 BENJAMIN ROAD, STE. 414	
CITY-ST-ZIP	TAMPA FL	
TITLE	FVP	<input type="checkbox"/> DELETE
NAME	ZRALLACK, ROBERT	
STREET ADDRESS	1244 BELL AVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	TERRY, TOM	
STREET ADDRESS	10475 S.W. 186TH STREET, D & E	
CITY-ST-ZIP	PERRINE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WESTFALL, NORMAN	
STREET ADDRESS	6302 BENJAMIN RD., STE. 414	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KETTLES, COLLEEN	
STREET ADDRESS	6208 W. CORPORATE OAKS DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Victor Eyal	
1.3 STREET ADDRESS	927 Fern Street, Suite 200	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jon Bates	
3.3 STREET ADDRESS	5627 SE Sailfish Way	
3.4 CITY-ST-ZIP	Stuart, FL 34997	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Skip West	
4.3 STREET ADDRESS	235 Coastline Dr.	
4.4 CITY-ST-ZIP	Sanford, FL 32771	
5.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ken Sheinkopf	
5.3 STREET ADDRESS	1679 Clearlake Road	
5.4 CITY-ST-ZIP	Cocoa, FL 32922	
6.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jalane L. Kellough	
6.3 STREET ADDRESS	10251 West Sample Road, Suite B	
6.4 CITY-ST-ZIP	Coral Springs, FL 33065	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE *Jalane L. Kellough* **Jalane L. Kellough**

954/346-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)