

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739311** (9)
1. Corporation Name
FLORIDA SOLAR ENERGY INDUSTRIES ASSOCIATION, INC

Principal Place of Business 6218 W CORPORATE OAKS DRIVE CRYSTAL RIVER FL 34429 US	Mailing Address 6218 W CORPORATE OAKS DRIVE CRYSTAL RIVER FL 34429 US
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2. Principal Place of Business 21 145 Wekiva Springs Road Suite, Apt. #, etc. 22 149B City & State 23 Longwood, FL Zip 24 32779 Country 25 US	2a. Mailing Address 26 145 Wekiva Springs Road Suite, Apt. #, etc. 27 149B City & State 28 Longwood, FL Zip 29 32779 Country 30 US
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3. Date Incorporated or Qualified
08/09/1977

4. FEI Number 59-2022792	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KETTLES, COLLEEN
6218 W CORPORATE OAKS DRIVE
CRYSTAL RIVER FL 34429

81 Name KETTLES, COLLEEN
82 Street Address (P.O. Box Number is Not Acceptable) 145 Wekiva Springs Road, Suite 149B
83
84 City Longwood
85 Zip Code FL 32779

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 **Colleen Kettles, Executive Director**

Colleen Kettles

4/24/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EYAL, VICTOR 927 FERN STREET, SUITE 200 ALTAMONTE SPRINGS FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZRALACK, ROBERT 1244 BELL AVE FT. PIERCE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DVP Griff Carrison PO Box 3887 Sarasota, FL34230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, SKIP 235 COASTLINE DR. SANFORD FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DVP Wayne Wallace 13620 N 49 Street Clearwater, FL 34622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHENKOPF, KEN 1879 CLEARLAKE ROAD COCOA FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Don Nolley 2319 Belen Drive Deltona, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Colleen Kettles** *Colleen Kettles* **Exec. Dir.** **4/24/98** **407-774-9939**

CR2E037 (10/97)