

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90095 015 ****70.00

0015007

DOCUMENT # 739311

1. Corporation Name

FLORIDA SOLAR ENERGY INDUSTRIES ASSOCIATION, INC

375390 - 90095 - 10

Principal Place of Business

**145 WEKIVA SPRINGS RD
STE 149B
LONGWOOD FL 32779
US**

Mailing Address

**145 WEKIVA SPRINGS RD
STE 149B
LONGWOOD FL 32779
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/09/1977

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

9. Name and Address of Current Registered Agent

**KETTLES, COLLEEN
145 WEKIVA SPRINGS RD
STE 149B
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE DP
NAME EYAL, VICTOR
STREET ADDRESS 927 FERN STREET, SUITE 200
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☐ DELETE

TITLE DVP
NAME GRIFF, CARRISON
STREET ADDRESS POB 3887
CITY-ST-ZIP SARASOTA FL 34230

☐ DELETE

TITLE DVP
NAME WALLACE, WAYNE
STREET ADDRESS 13620 N 49 ST
CITY-ST-ZIP CLEARWATER FL 34622

☒ DELETE

TITLE TD
NAME NOLLEY, D
STREET ADDRESS 2319 BELEN DR
CITY-ST-ZIP DELTONA FL 32738

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1695 12th Street
2.4 CITY-ST-ZIP Sarasota, FL 34236

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

4.1 TITLE TD
4.2 NAME MILLAR, TROY
4.3 STREET ADDRESS 1080 RAINER DRIVE
4.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME KETTLES, COLLEEN
5.3 STREET ADDRESS 145 WEKIVA SPRINGS RD. 149B
5.4 CITY-ST-ZIP LONGWOOD, FL 32779

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Colleen Kettles, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

407-774-9939

Daytime Phone #

CR2E037 (11/98)