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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR -5 PM 3:56

DOCUMENT # **756478** **(4)**

1. Corporation Name
COMMUNICATIONS AND WEATHER RESEARCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
4700 ORTEGA BLVD JACKSONVILLE FL 32210	4700 ORTEGA BLVD JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1981
3a. Date of Last Report: 02/17/1994
4. FEI Number: 58-9114700 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HILLYER, DR. CHARLES C. 4700 ORTEGA BLVD JACKSONVILLE FL 32210	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HILLYER,DR. CHARLES C.	1.2 NAME	
STREET ADDRESS	4700 ORTEGA BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HILLYER,E. G. WHITE	2.2 NAME	
STREET ADDRESS	4700 ORTEGA BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	KENNARD,SAMUEL. J.III	3.2 NAME	
STREET ADDRESS	104 SEA MARSH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	HILLYER,CHARLES C.,JR.	4.2 NAME	
STREET ADDRESS	1600 S EADS ST APT 420N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BRODEHL,RICHARD B.	5.2 NAME	
STREET ADDRESS	2383 OAK COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HILLYER,ANDREA SMITH	6.2 NAME	
STREET ADDRESS	1600 S EADS ST APT 420N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	6.4 CITY-ST-ZIP	

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)(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: Dr. Charles C. Hillyer 28 March 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
DR. CHARLES C. HILLYER 904-388-4802