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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

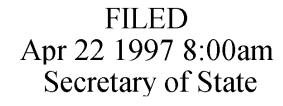
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 756478

(4)

COMMUNICATIONS AND WEATHER RESEARCH FOUNDATION,





| Principal Place of Business Mailing Address | | | | | | | | | | |
|---|---|---|--------------------------|---|-------------------|---|--------------------------------|-----------------|--------------|--|
| 4700 ORTEGA BLVD JACKSONVILLE FL 32210 4700 ORTEGA BLVD JACKSONVILLE FL 32210-7636 | | | 7636 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 02/23/1981 3a. Date of Last Report 04/24/1996 | | | | |
| ···· | Place of Business | 2a. Mailing Address | | | | 4. FEI Number 58-9114700 | Applied For Not Applicable | | | |
| Suite, Apl. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| 27 | | | <u></u> | | | 6. Election Campaign Financing | | | | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | | | | |
| Zıp | Country | Zip | | | | 8. This corporation has liability for in | tangible tax L | nder s | . 199.032, | |
| 24 | 25 | 29 | 30 | , | | | Yes 🔲 No | | | |
| | 9. Name and Address of Curren | it Registered Agent | | 04 | A1 | 10, Name and Address of New Reg | latered Agen | <u> </u> | | |
| | | | | 81 | Name | | | | | |
| HILLYER, DR. CHARLES C. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 4700 ORTEGA BLVD Jacksonville FL 32210 | | | | 83 | | | | | | |
| JACKSU | INVILLE FL 32210 | | | | | | | | | |
| | | | | 64 | City | | FL 85 | Zip (| Code | |
| 11. Pursuant | to the provisions of Sections 617.050 | 2 and 617.1508, Florida Statu | ites, the a | pove | -named cor | poration submits this statement for the pu | | iging it | s registered | |
| office or r | registered agent, or both, in the State | of Florida. Such change was ations of, Section 617,0503. F | authorize Iorida Stat | d by tutes | the corpora | poration submits this statement for the pu ation's board of directors. I hereby accept | the appointm | ent as | registered | |
| SIGNATURE | | | | | | | | | | |
| | Stgnature, typed or printed hame of registered age | | | d Age | nt signature requ | ified when reinstating) | DATE | | | |
| 12. | OFFICERS AND | D DIRECTORS DELETE | 13. | TI C | | ADDITIONS/CHANGES TO OFFICE | | ECTOR Change | RS IN 12 | |
| TITLE | PD HILLYER,DR. CHARLES C. | Ŭ DECEIE | 1.1 T(1.2 N | | | | ا لسا | nange | MODITION | |
| NAME STREET ADDRESS | 4700 ORTEGA BOULEVARD | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | - 1 | ITY-SI | - 1 | | | | | |
| TITLE | VD | DELETE | 2.1 T | | -2" | | | hange | Addition | |
| NAME | HILLYER,E. G. WHITE | | 22 N | AME | | | | - | - | |
| STREET ADDRESS | 4700 ORTEGA BOULEVARD | | 2.3 \$ | TREET | ADDRESS | 4.7 | | | | |
| CITY - S1 - ZIP | JACKSONVILLE FL | | 2.40 | CITY-S | T-ZIP | | | | | |
| TILE | TD | ☐ DELETE | 3.1 Ti | ITLE | | | | Change | Addition | |
| NAME | KENNARD, SAMUEL. J.III | | 3.2 N | AME | | | | | | |
| STREET ADDRESS | | | 3.3 S | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP | FERNANDINA BEACH FL | | | CITY-S | T-ZIP | | | | | |
| TITLE | SD | ☐ DELETE | 4.1 Ti | | | | ⊔(| Change | ☐ Addition | |
| NAME | HILLYER, CHARLES C., JR. 1600 S EADS ST APT 420N | | 4.21 | | | | | | | |
| STREET ADDRESS | ARLINGTON VA | | | | ADDRESS | | | | | |
| CITY-S1-ZIP THILE | D D | ☐ DELETE | 5.1 Ti | HTLF | I - ZIP | | | hange | Addition | |
| NAME | BRODEHL,RICHARD B. | | 5.2 N | | | | <u></u> , | | | |
| STREET ADDRESS | 2383 OAK COURT | | | | ADDRESS | | | | | |
| CITY - ST - ZIP | ORANGE PARK FL | | | HTY-S | | | | | | |
| TITLE | D | ☐ DELETE | 6.1 T | _ | | | | hange | Addition | |
| NAME | HILLYER, ANDREA SMITH | | 6.2 N | IAME | į | | | | | |
| STREET ADDRESS | , | | 6.3 S | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP | ARLINGTON VA | | 6.4 C | ITY-S | T-ZIP | • | | | | |

14. I do 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 page I am an officer or director of the corporation or appears in Block 12 or Poor 13 if changed, or