

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F96000001812 (4)**

1. Corporation Name

THE PIEDMONT FOUNDATION, INC.

Principal Place of Business

**11260 OLD ROSWELL ROAD
ALPHARETTA GA 30201**

Mailing Address

**11260 OLD ROSWELL ROAD
ALPHARETTA GA 30201**

3. Date Incorporated or Qualified

04/10/1996

4. Fee Number

581984620

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**

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

N/A

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 for perfect name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	MCGILL, WALTER C JR	
STREET ADDRESS	501 CAMBRIDGE COURT	
CITY-ST-ZIP	ALPHARETTA GA 30202	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, PATRICIA M	
STREET ADDRESS	11260 OLD ROSWELL ROAD	
CITY-ST-ZIP	ALPHARETTA GA 30201	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENDRICK, NESBIT S	
STREET ADDRESS	11260 OLD ROSWELL ROAD	
CITY-ST-ZIP	ALPHARETTA GA 30201	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12 NAME	CHR WHEELER, CHRISTINE		
13 STREET ADDRESS	11260 OLD ROSWELL Rd		
14 CITY-ST-ZIP	Alpharetta, Ga 30201		
21 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	W. CLIFTON LORICK		
23 STREET ADDRESS	11260 OLD ROSWELL RD		
24 CITY-ST-ZIP	Alpharetta, Ga 30201		
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 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; 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 in an attachment with an address.

SIGNATURE:

Walter C McGill

2/2/98 (270) 664-0806

CR2E037 (10/97)