FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:37

DOCUMENT # N22860 (3)

1. Corporation Name
METAFORM FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~6520 INDUSTRIAL AVENUE~~ SUITE 5 ~~PORT RICHEY FL 34668-3822~~	~~6520 INDUSTRIAL AVENUE~~ SUITE 5 ~~PORT RICHEY FL 34668-3822~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2860079 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8916 LAKE Dr	26 8916 LAKE DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New Port Richey FL	City & State 28 New Port Richey FL
Zip 24 34654 Country 25 USA	Zip 29 34654 Country 30 USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHNSON, SAMUEL C.
8916 LAKE DRIVE
NEW PORT RICHEY, 34654

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 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	PTC	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SAMUEL C.	1.2 NAME	
STREET ADDRESS	8916 LAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, BERNICE	2.2 NAME	
STREET ADDRESS	8916 LAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	KOHR, DAVID	3.2 NAME	
STREET ADDRESS	4348 GRANDWOOD LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	~~D~~	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, HERBERT	4.2 NAME	
STREET ADDRESS	338-B GEORGETOWN DRIVE DELETE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	
TITLE	~~D~~	5.1 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, JANE	5.2 NAME	
STREET ADDRESS	338-B GEORGETOWN DR DELETE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: S. C. Johnson 1-18-95 (813) 856 7358
SIGNATURE AND TYPED OR PRINTED NAME OF BIONNIG OFFICER OR DIRECTOR — Date — Daytime Phone #

0020047