

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**DOCUMENT # N22860 (3)**  
1. Corporation Name  
**METAFORM FOUNDATION, INC.**



Principal Place of Business  
**567 Dalmatian Drive  
Lakemont, GA 30552  
US**

Mailing Address  
**567 Dalmatian Drive  
Lakemont, GA 30552  
US**

3. Date Incorporated or Qualified  
**10/06/1987**

4. FEI Number  
**59-2860079**

Applied For  
☐ Not Applicable

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

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

9. Name and Address of Current Registered Agent

**JOHNSON, SAMUEL C.  
567 Dalmatian Drive  
Lakemont, GA 30552**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS      | CITY-ST-ZIP        | DELETE                   |
|-------|--------------------|---------------------|--------------------|--------------------------|
| PTC   | JOHNSON, SAMUEL C. | 567 Dalmatian Drive | Lakemont, GA 30552 | <input type="checkbox"/> |
| VD    | WOLF, RITA         | 567 Dalmatian Drive | Lakemont, GA 30552 | <input type="checkbox"/> |
| SD    | KOHR, DAVID        | 4348 GRANDWOOD LN   | NEW PORT RICHEY FL | <input type="checkbox"/> |
|       |                    |                     |                    | <input type="checkbox"/> |
|       |                    |                     |                    | <input type="checkbox"/> |
|       |                    |                     |                    | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE                   |
|-------|------|----------------|-------------|--------------------------|
| 1.1   | 1.2  | 1.3            | 1.4         | <input type="checkbox"/> |
| 2.1   | 2.2  | 2.3            | 2.4         | <input type="checkbox"/> |
| 3.1   | 3.2  | 3.3            | 3.4         | <input type="checkbox"/> |
| 4.1   | 4.2  | 4.3            | 4.4         | <input type="checkbox"/> |
| 5.1   | 5.2  | 5.3            | 5.4         | <input type="checkbox"/> |
| 6.1   | 6.2  | 6.3            | 6.4         | <input type="checkbox"/> |

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.

SIGNATURE: *[Signature]* SC Johnson 5/28/98 (7/06) 782 4004

CR2E037 (10/97)