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05-04-1999 90105 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22860**

1. Corporation Name
METAFORM FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~567 DALMATION DR~~ LAKEMONT GA 30552 US	~~567 DALMATIAN DR~~ LAKEMONT FL 30552 US

2. Principal Place of Business	2a. Mailing Address
21 567 Long Laurel Ridge Dr.	26 567 Long Laurel Ridge Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SAME AS ABOVE	City & State 28 SAME AS ABOVE
Zip / Country 24 30552 / 25 US	Zip / Country 29 30552 / 30

3. Date Incorporated or Qualifed: 10/06/1987

4. FEI Number: 59-2860079 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 ~~SAMUEL C JOHNSON~~ Kohr, David
82 Street Address (P.O. Box Number is Not Acceptable) ~~567 Long Laurel Ridge Dr~~ 1901 Brinson Rd
83 ~~Lakemont GA~~ T-9
84 City Lutz FL 85 Zip Code 33549

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 David Kohr David Kohr 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTC	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, SAMUEL C.		1.2 NAME		
STREET ADDRESS	~~567 DALMATIAN DR~~		1.3 STREET ADDRESS	567 Long Laurel Ridge Dr. (STREET NAME CHANGE)	
CITY-ST-ZIP	LAKEMONT GA 30552		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOLF, RITA		2.2 NAME		
STREET ADDRESS	~~567 DLAMATIAN DR~~		2.3 STREET ADDRESS	567 Long Laurel Ridge DR.	
CITY-ST-ZIP	LAKEMONT GA 30552		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KOHR, DAVID		3.2 NAME		
STREET ADDRESS	~~4348 GRANDWOOD LN~~		3.3 STREET ADDRESS	1901 Brinson Rd, T-9	
CITY-ST-ZIP	~~NEW PORT RICHEY FL~~		3.4 CITY-ST-ZIP	Lutz FL 33549	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Signature REQUIRED 4/29/99 (706)782-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #