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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N93000000863**

1. Corporation Name
CAST STONE INSTITUTE, INC.

Principal Place of Business	Mailing Address
10 W KIMBALL ST WINDER GA 30680 US	10 WEST KIMBALL STREET WINDER GA 30680 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 03/04/1993 4. FEI Number 59-3170328 ☐ 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

9. Name and Address of Current Registered Agent

KERCKHOFF, DANIEL C.
1901 ELSA AVENUE
SUITE 230
NAPLES FL 33942

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 _____ 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	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCBRIDE, DENNIS		1.2 NAME		
STREET ADDRESS	22001 W 83RD STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	SHAWMEE KS		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	President D	XX ☒ Change ☐ Addition
NAME	EDWARDS, JAMES		2.2 NAME		
STREET ADDRESS	777 EDWARDS RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUBUQUE IA		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	Vice President D	☒ Change ☐ Addition
NAME	FOGELBERG, NANCY		3.2 NAME		
STREET ADDRESS	2025 NORTH BROADWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ULM MN 56073		3.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARLAN, MIMI		4.2 NAME		
STREET ADDRESS	10 W KIMBALL ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINDER GA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Secretary/Treasurer D	☐ Change ☒ Addition
NAME			5.2 NAME	Fred Miller	
STREET ADDRESS			5.3 STREET ADDRESS	2600 Martin Luther King Blvd.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Columbus, GA 31906	
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 1-19-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #