

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000001723

1. Corporation Name

INSTITUTE FOR SUSTAINABLE CITIES, INC.

Principal Place of Business

485 LEATHERFERN PL.
SANIBEL FL 33957

Mailing Address

402 OAK AVE
CARRBORO NC 37510
US

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90094 030 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/16/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0432916

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN PRICE BUILDER, INC
485 LEATHERFERN PLACE
SANIBEL FL 33957

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PRICE, KRISTINE
STREET ADDRESS 402 OAK AVE
CITY-ST-ZIP CARRBORO NC 27510

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TD
Betty Orr
36 Autumn Woods Dr
Durham NC 27713

☐ Change ☒ Addition

TITLE SD
NAME MARTELL, SCOTT
STREET ADDRESS 1200 JUNONIA
CITY-ST-ZIP SANIBEL FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SD
Kit McGinnis
507 Edwards Dr
Chapel Hill, NC 27516

☐ Change ☒ Addition

TITLE TD
NAME PRICE, JOHN
STREET ADDRESS 485 LEATHERFERN
CITY-ST-ZIP SANIBEL FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Kristy Manning
404 Rock Rest Rd
Pittsboro, NC 27312

☐ Change ☒ Addition

TITLE D
NAME KINDBLADE, LU
STREET ADDRESS RT. 2, BOX 27 N/A
CITY-ST-ZIP CARNEGIE OK

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

John Tallmadge
408 Pritchard Ave
Chapel Hill, NC 27514

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

John Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 (919) 684-2948
Date Daytime Phone #

CR2E037 (11/98)

006279