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03-29-1999 90069 034 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000004262

1. Corporation Name

THE TERRA FOUNDATION, INC.

Principal Place of Business

4190 DINGMAN DRIVE
SANIBEL FL 33957

Mailing Address

4190 DINGMAN DRIVE
SANIBEL FL 33957



2. Principal Place of Business

21 **1619 PERIWINKLE WAY**

Suite, Apt. #, etc.

22 **SUITE 203**

City & State

23 **SANIBEL FL**

Zip

24 **33957**

Country

2a. Mailing Address

26 **1619 PERIWINKLE WAY**

Suite, Apt. #, etc.

27 **SUITE 203**

City & State

28 **SANIBEL FL**

Zip

29 **33957**

Country

3. Date Incorporated or Qualified

08/30/1994

4. FEI Number

22-2982228

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

HOLSINGER, CONSTANCE A
4190 DINGMAN DRIVE
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name **HOLSINGER CONSTANCE A**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1619 PERIWINKLE WAY #203**

84 City **SANIBEL**

FL

85 Zip Code
33957

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 **Constance A Holsinger**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-24-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **HOLSINGER, CONSTANCE A**
STREET ADDRESS **4190 DINGMAN DR.**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **DST** ☐ DELETE
NAME **HOLSINGER, JERRY L**
STREET ADDRESS **4190 DINGMAN DR.**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **D** ☐ DELETE
NAME **BELL, ELIZABETH A**
STREET ADDRESS **5548 38TH AVE. NE**
CITY-ST-ZIP **SEATTLE WA 98105**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **HOLSINGER, CONSTANCE**
1.3 STREET ADDRESS **1619 PERIWINKLE WAY #203**
1.4 CITY-ST-ZIP **SANIBEL FL 33957**

2.1 TITLE **DST** ☒ Change ☐ Addition
2.2 NAME **HOLSINGER, JERRY L**
2.3 STREET ADDRESS **1619 PERIWINKLE WAY #203**
2.4 CITY-ST-ZIP **SANIBEL FL 33957**

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

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

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

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

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: **X Constance A Holsinger**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-99 (941) 385-8802

CR2E037 (11/98)

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