

FILE NOW: FILING FEE IS \$61.25

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90043 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006257

1. Corporation Name
LEE AND TAMMY STORMS FAMILY FOUNDATION, INC.

Principal Place of Business 3440 LAKEMOUNT BLVD. FORT MILL SC 29715	Mailing Address 828 EAST BLVD. CHARLOTTE NC 28203
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285629-90043-23



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/22/1994	4. FEI Number 56-3284032 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> -\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent MARSH, RICHARD E 1554 JAMAICA COURT MARCO ISLAND FL 33940	10. Name and Address of New Registered Agent 81 Name CLASP, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 3001 Tamiami Trail North, 4th Floor 83 84 City Naples FL 85 Zip Code 34101
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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] **Vice President** 3/24/99 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORMS, G L	1.2 NAME	
STREET ADDRESS	3440 LAKEMONT BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MILL SC 29715	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORMS, TAMELA K	2.2 NAME	
STREET ADDRESS	3440 LAKEMOUNT-BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MILL SC 29715	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORMS, DONALD L	3.2 NAME	Storms, Donald L.
STREET ADDRESS	3991 GULF SHORE BLVD. PENTHOUSE 204	3.3 STREET ADDRESS	8615 Bonds Grove Church Rd.
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	Waxhaw, NC 28173
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] **SIGNATURE REQUIRED** 2/22/99 (704)372-1112
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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