


4/24/98 B-55268 -C
FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006242 (9)**

1. Corporation Name

THE SOLMATES FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

**1115 SUGARTREE LANE SOUTH
LAKELAND FL 33813**

**1115 SUGARTREE LANE SOUTH
LAKELAND FL 33813**

3. Date Incorporated or Qualified

12/06/1996

4. FEI Number

59-3416087

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 726 Climate Dr.

26 726 Climate Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Brandon FL

28 Brandon, FL

Zip

Country

Zip

Country

24 33511

25 USA

29 33511

30 USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**~~O'NEILL, CARLA P~~
~~1115 SUGARTREE LANE SOUTH~~
~~LAKELAND FL 33813~~**

81 Name

James F. Clark

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

726 Climate Drive

83

84 City

Brandon

FL

85 Zip Code

33511

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 of 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

James F. Clark

James F. Clark, Director

4/11/98

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 **VD** ☐ DELETE
NAME **JOHANNESSEN, ROY**
STREET ADDRESS **1115 SUGARTREE LANE SOUTH**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **PSTD** ☐ DELETE
NAME **O'NEILL, CARLA P**
STREET ADDRESS **1115 SUGARTREE LANE SOUTH**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☒ DELETE
NAME **LIPPY, WILLIAM A**
STREET ADDRESS **301 E PALM DRIVE**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **210 Montibello Drive**
1.4 CITY-ST-ZIP **Cary, NC 27513**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **726 Climate Drive**
2.4 CITY-ST-ZIP **Brandon, FL 33511**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **James F. Clark**
3.4 CITY-ST-ZIP **726 Climate Drive**
Brandon FL 33511

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.

SIGNATURE: *Carla P. O'Neill* **CARLA P. O'NEILL 4/11/98 (800) 527-6527**

CR2E037 (10/97)