

FILE NOW: FILING FEE IS \$61.25

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**Mar 10 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 # N03947 (1)
1. Corporation Name
EARTH FOUNDATION INC.



Principal Place of Business 4110 GRAY ST W P.O. BOX 261086 TAMPA FL 33685	Mailing Address 4110 GRAY ST W P.O. BOX 261086 TAMPA FL 33685
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3. Date Incorporated or Qualified 06/28/1984	
4. FEI Number 59-2972760	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 8420 ULMERTON RD.	2a. Mailing Address 26 8420 ULMERTON RD.		
Suite, Apt. #, etc. 22 # 404	Suite, Apt. #, etc. 27 # 404		
City & State 23 LARGO FL	City & State 28 LARGO, FL		
Zip 24 33771	Country 25 USA	Zip 29 33771	Country 30 USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WADE, MICHAEL D.
4110 GRAY STREET W
TAMPA FL 33609-9211**

10. Name and Address of New Registered Agent

81 Name WADE, MICHAEL D.	
82 Street Address (P.O. Box Number is Not Acceptable) 8420 ULMERTON RD.	
83 SUITE 404	
84 City LARGO	85 Zip Code FL 33771

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 *Michael D Wade* DATE **3 MAR 98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WADE, MICHAEL D.(EX. D)	
STREET ADDRESS	4110 GRAY STREET W	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAY, TIMOTHY S.	
STREET ADDRESS	111 21ST STREET SE	
CITY-ST-ZIP	RUSKIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WADE, EDWARD J.	
STREET ADDRESS	4110 GRAY STREET W	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael D Wade* DATE: **3 MAR 98 813 535-6217**

CR2E037 (10/97)