

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:21

DOCUMENT # 770744 (1)

1. Corporation Name

FIRST AMENDMENT FOUNDATION, INC.

Principal Place of Business

Mailing Address

336 E. COLLEGE AVE
TALLAHASSEE FL 32301

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TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1983

3a. Date of Last Report

02/11/1994

4. FEI Number

59-2449379

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHELTON, RICHARD D.
336 E. COLLEGE AVE.
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Richard D. Shelton (RICHARD D. SHELTON)

(NOTE: Registered Agent signature required when reappointing)

1/23/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEITZEL, PETE
STREET ADDRESS	1 HERALD PLAZA
CITY-ST-ZIP	MIAMI FL
TITLE	STD
NAME	SHELTON, DICK
STREET ADDRESS	336 E. COLLEGE AVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VD
NAME	WEBER, TOM JR.
STREET ADDRESS	111 E. OCEAN BLVD.
CITY-ST-ZIP	STUART FL
TITLE	TD
NAME	DUNN-RANKIN, DEREK
STREET ADDRESS	200 E MIAMI AVENUE
CITY-ST-ZIP	VENICE FL
TITLE	TD
NAME	SCHULTZ, DAVE
STREET ADDRESS	401 S. MISSOURI AVE
CITY-ST-ZIP	LAKELAND FL
TITLE	SD
NAME	BARRAN PETERSON
STREET ADDRESS	336 E COLLEGE AVE
CITY-ST-ZIP	TALLAHASSEE, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	VD
3.3 STREET ADDRESS	BOD SHAW
3.4 CITY-ST-ZIP	277 N. MAGNOLIA DR TALLAHASSEE FL 32302
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Richard D. Shelton* (RICHARD D. SHELTON)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/95 904/222-5790

Date

Telephone #