

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90011 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 770744					
1. Corporation Name FIRST AMENDMENT FOUNDATION, INC.					
Principal Place of Business 336 E. COLLEGE AVE STE. 300 TALLAHASSEE FL 32301 US			Mailing Address 336 E. COLLEGE AVE STE. 300 TALLAHASSEE FL 32301 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/13/1983 4. FEI Number 59-2449379 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent SHELTON, RICHARD D. 338 E. COLLEGE AVE. TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHELTON, DICK 338 E. COLLEGE AVE TALLAHASSEE FL	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, BOB 277 N MAGNOLIA DRIVE TALLAHASSEE FL	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PETERSEN, BARBARA 338 E COLLEGE AVENUE TALLAHASSEE FL	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'HARA TOM 2751 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition		
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition		
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition		
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition		

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

850/222-5790

CR2E037 (11/98)