2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 20, 2002 8:00 am
Secretary of State
02-11-2002 90192 018 ****61.25

DOCUMENT # 770744

1. Entity Name

FIRST AMENDMENT FOUNDATION, INC.

Principal Place of Business	Mailing Address
336 E. COLLEGE AVE ~~STE. 000~~ TALLAHASSEE FL 32301 US	336 E. COLLEGE AVE ~~STE. 000~~ TALLAHASSEE FL 32301 US

17881

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-2449379 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SHELTON, RICHARD D.~~ ~~336 E. COLLEGE AVE.~~ ~~TALLAHASSEE FL 32301~~	Name: Dean Ridings Street Address (P.O. Box Number is Not Acceptable): 122 S. Calhoun Street City: Tallahassee FL Zip Code: 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: N. Dean Ridings 1/25/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RIDINGS, DEAN T 122 S CALHOUN ST TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	secretary + treasurer; T	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ TASH, PAUL T 490 FIRST AVE SAINT PETERSBURG FL 33701-4204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman; T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~M~~ PETERSEN, BARBARA 336 E COLLEGE AVENUE TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	president;	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SHAW, BOB T 633 N. ORANGE AVE ORLANDO FL 32801-1349	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	vice chairman; T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~Barbara A. Petersen~~ REQUIRED Barbara A. Petersen 1/25/02 850/224-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #