2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 770744

Entity Name: FIRST AMENDMENT FOUNDATION, INC.

Current Principal Place of Business:

336 E. COLLEGE AVE
SUITE 101
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

336 E. COLLEGE AVE
SUITE 101
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2449379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIDINGS, DEAN
2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: RIDINGS, DEAN
Address: 2636 MITCHAM DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: CT ( ) Delete
Name: LINDLEY, DON
Address: P.O. BOX 2831
City-St-Zip: DAYTONA BEACH, FL 321202831

Title: P ( ) Delete
Name: PETERSEN, BARBARA
Address: 336 E. COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VCT ( ) Delete
Name: SHAW, BOB
Address: P.O. BOX 2833
City-St-Zip: ORLANDO, FL 328022833

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: VASILINDA, MIKE
Address: P.O. BOX 10004
City-St-Zip: TALLAHASSEE, FL 32302

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. PETERSEN P 01/08/2009

Electronic Signature of Signing Officer or Director — Date