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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N37705** **(3)**

1. Corporation Name

FOUNDATION FOR REFORMATION, INC.

Principal Place of Business	Mailing Address
400 E. SOUTH STREET SUITE 102 ORLANDO FL 32801 US	400 E. SOUTH STREET SUITE 102 ORLANDO FL 32801-2674 US

3. Date Incorporated or Qualified: **04/16/1990**
3a. Date of Last Report: **02/27/1996**

2. Principal Place of Business
21 715 Vassar Street
22 Suite, Apt. #, etc.
23 City & State: Orlando, FL
24 Zip: 32804 25 Country: USA

2a. Mailing Address
26 715 Vassar Street
27 Suite, Apt. #, etc.
28 City & State: Orlando, FL
29 Zip: 32804 30 Country: USA

4. FEI Number: **59-3017023** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

VEERMAN, RALPH
400 E. SOUTH ST.
SUITE 102
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 715 Vassar Street
83
84 City: Orlando FL 85 Zip Code: 32804

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SENEFF, JAMES M. 400 E. SOUTH ST., #500 ORLANDO FL 32801	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VEERMAN, RALPH D. 400 E. SOUTH ST., SUITE 102 ORLANDO FL 32801	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	715 Vassar Street Orlando, FL 32804	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOSTETTER, G. RICHARD 1110 MARKET ST #505 CHATTANOOGA TN 37422	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPROUL, R.C. 400 TECHNOLOGY PARK DR. LAKE MARY FL 32746	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITLOCK, LUDER 1015 MAITLAND CENTER, SUITE 102 MAITLAND FL 32741	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNOR, KEN L. 119 E. PARK AVENUE TALLAHASSEE FL 32302	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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: Ralph D. Veerman Ralph D. Veerman 1/20/97 407-246-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018000