

FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90088 006 ****61.25

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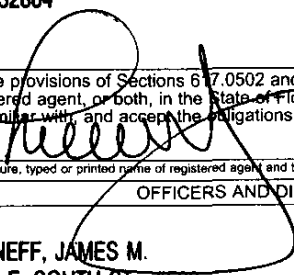
NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37705 1. Corporation Name FOUNDATION FOR REFORMATION, INC.					
Principal Place of Business 715 VASSAR ST ORLANDO FL 32804 US			Mailing Address 715 VASSAR STREET ORLANDO FL 32804 US		



2. Principal Place of Business 21 1231 Reformation DR Suite, Apt. #, etc.		2a. Mailing Address 26 1231 Reformation DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/16/1990	
22		27		4. FEI Number 59-3017023 Applied For Not Applicable	
23 Oviedo FL City & State		28 Oviedo, FL City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 32765 Zip Country		29 32765 Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent VEERMAN, RALPH 715 VASSAR ST ORLANDO FL 32804				10. Name and Address of New Registered Agent 81 Name DR. LUDER WHITLOCK 82 Street Address (P.O. Box Number is Not Acceptable) 1231 Reformation DR. 83 Oviedo, FL 32765 84 City FL 85 Zip Code			
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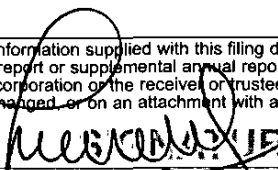
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE **1/14/99**

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	D	☐ DELETE	1.1 TITLE				☐ Change ☐ Addition
NAME	SENEFF, JAMES M.		1.2 NAME				
STREET ADDRESS	400 E. SOUTH ST., #500		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change ☐ Addition
NAME	VEERMAN, RALPH D.		2.2 NAME				
STREET ADDRESS	715 VASSAR STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE				☐ Change ☐ Addition
NAME	HOSTETTER, G. RICHARD		3.2 NAME				
STREET ADDRESS	1110 MARKET ST #505		3.3 STREET ADDRESS				
CITY-ST-ZIP	CHATTANOOGA TN 37422		3.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE				☐ Change ☐ Addition
NAME	SPROUL, R.C.		4.2 NAME				
STREET ADDRESS	400 TECHNOLOGY PARK DR.		4.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE MARY FL 32746		4.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE				☐ Change ☐ Addition
NAME	WHITLOCK, LUDER		5.2 NAME				
STREET ADDRESS	1015 MAITLAND CENTER, SUITE 102		5.3 STREET ADDRESS				
CITY-ST-ZIP	MAITLAND FL 32741		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change ☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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

1/14/99

Date

Daytime Phone #

CR2E037 (11/98)