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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	Mailing Address
715 VASSAR ST ORLANDO FL 32804 US	715 VASSAR STREET ORLANDO FL 32804 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1231 Reformation DR	26 1231 Reformation DR	04/16/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3017023 ☐ Applied For ☐ Not Applicable
City & State 23 Oviedo FL	City & State 28 Oviedo, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32765 25	Zip / Country 29 32765 30	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 WhiTHOCK
82 Street Address (P.O. Box Number is Not Acceptable) 1231 Reformation DR.
83 Oviedo, FL 32765
84 City **FL** 85 Zip Code

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 _____ 1/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		

CR2E037 (11/98)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #