2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002
Secretary of State

DOCUMENT# N37705

Entity Name: FOUNDATION FOR REFORMATION, INC.

Current Principal Place of Business:

1231 REFORMATION DR
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1231 REFORMATION DR
OVIEDO, FL 32765 US

New Mailing Address:

P.O. BOX 4920
C/O PATTY ROBINSON
ORLANDO, FL 32802 US

FEI Number: 59-3017023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITLOCK, LUDER DR
1231 REFORMATION DR
OVIEDO, FL 32765

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: D ( ) Delete
Name: SENEFF, JAMES M.,
Address: 450 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: VEERMAN, RALPH D.,
Address: 450 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: HOSTETTER, G. RICHAR, D
Address: 512 E WASHINGTON ST STE 100
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: WHITLOCK, LUDER,
Address: 1231 REFORMATION DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: JAMES M. SENEFF, JR. D 09/09/2002

Electronic Signature of Signing Officer or Director — Date