

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90104 049 ****61.25

DOCUMENT # P38501

1. Entity Name

QUEST FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 708 HIGHLANDS NC 28741	P.O. BOX 3575 TALLAHASSEE FL 32315-3575

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
23-7154667		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GROW, GERALD 1911 GIBBS DR TALLAHASSEE FL 32303		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD VALENTINE, JAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 3575 N/A	NAME	
STREET ADDRESS	TALLAHASSEE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD MILTON, JOHN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 1856 N/A	NAME	
STREET ADDRESS	BISBEE AZ	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STD VALENTINE, PHILIP <input checked="" type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3250 DEXTER ST.	NAME	Valentine, Phillip
STREET ADDRESS	DENVER CO	STREET ADDRESS	P.O. Box 3575
CITY-ST-ZIP		CITY-ST-ZIP	Tallahassee FL
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Valentine* **James Valentine, Pres. 4/25/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)