

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714355

1. Entity Name

FOA CHARITIES, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90008 040 ****61.25

Principal Place of Business 2958 WELLINGTON CIRCLE NORTH SUITE 200 TALLAHASSEE FL 32308 US	Mailing Address 2958 WELLINGTON CIRCLE NORTH SUITE 200 TALLAHASSEE FL 32308-6886 US
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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 59-1261771		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARSON, LEONARD A 2958 WELLINGTON CIRCLE NORTH SUITE 200 TALLAHASSEE FL 32308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOREMAN, RONADL OD 1387 S. 1ST ST. LAKE CITY FL 32055 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SEE ATTACHMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DERICKSON, JOHN OD 2062 ST MARTINS DR, W. JACKSONVILLE FL 32246 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SEE ATTACHMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TF LOSHIN, DAVID OD 3200 S. UNIVERSITY DR, STE. 14 FORT LAUDERDALE FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLAY, JUDITH A OD 2567 CAPITAL MEDICAL BLVD. TALLAHASSEE FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *[Signature]* 1/28/00 (561) 746-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)