FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

FIRST AMENDMENT FOUNDATION, INC.

Principal Place	e of Business	Mailing Address				i iganii ibali addii darii dasii disii a) 1901% 100(1 1001) ADVIK 104% ATEN 4101 BYON BYON BIDIN ATON ATON ATON ATON				
336 E. COLLEGE AVE Tallahassee fl 32301		336 E. COLLEGE AVE TALLAHASSEE FL 32301-1551									
						3. Date Incorporated or Qualified 10/13/1983	3a. Date o	1 Last Re	port 6		
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number		Ap	plied For			
21		26			59-2449379			t Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$		Additional			
22 City & State	b	City & State			6 Flatin Onnain Flatinia		Fee Re				
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i					
24	25	29	30	•			Yes N		100.002,		
	g. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Re	platered Age	nt			
				81	Name						
SHELTON		82 Street Ad			Address (P.O. Box Number is Not Acceptab	le)					
336 E. C	OLLEGE AVE.						·		·		
TALLAHA	SSEE FL 32301			63							
				84	City		FL®	5 Zip (Code		
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508. Florida Statu	tes, the a	bove	-named	corporation submits this statement for the p	urpose of cha	naina it	s registered		
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corp	poration's board of directors. I hereby accept	t the appoint	nent as	registered		
	an lamilar with, and accept the oblig	pations of, Section of F.0000, Fi	Olioa ota	lutos	*						
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NO	TE: Registere	d Age	nt signature	raquired when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC					
TITLE	STD	☐ DELETE	1.1 TITU		i		ll	Change	Addition		
NAME	SHELTON, DICK		12 N								
SYREET ADDRESS	336 E. COLLEGE AVE		1.3 5	TREET	ADDRESS						
CITY - ST - ZIP	TALLAHASSEE FL				T-ZIP			<u> </u>	1.1.20		
TITLE	PD DOD	☐ DELETE	2.1 T				L	Change	☐ Addition		
NAME	SHAW, BOB		2.2 NAME								
STREET ADDRESS	277 N MAGNOLIA DRIVE				ADDRESS						
CITY-ST-ZIP TITLE	TALLAHASSEE FL ED	DELETE			ST-ZIP		П	Change	Addition		
NAME	PETERS e n, Barbara	L. JOECELE	3.1 TITLE 3.2 NAME				ب	Olitingo	Padilion		
STREET ADDRESS	336 E COLLEGE AVENUE		•		ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL				ST-ZIP				_		
TITLE	TALLATINOOLL IL	☐ DELETE	4.1 T		11 - CH	VP		Change	Addition		
NAME			1	MAME		TOM SHARA HUY	_				
STREET ADORESS					ADDRESS	2751 S. DIXIE HUY		_			
CITY-ST-ZIP					7-ZIP	WEST PALM BONEH, F	ં 33 પ	35			
TITLE		DELETE	5.1 7		····			Change	Addition		
NAME			5.2 N	AME							
STREET ADDRESS			5.3 \$	TREET	ADDRESS						
CITY-ST-ZIP			5.4 0	ITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 7	ITLE				Change	Addition		
NAME			6.2 N	AME							
STREET ADDRESS			63.5	TREET	ADDRESS						

64 CITY-ST-ZIP

SIGNATURE:

14. I do 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.

FILED

Feb 05 1997 8:00am

Secretary of State