FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT Feb 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1) FIRST AMENDMENT FOUNDATION, INC. Principal Place of Business Mailing Address 336 E. COLLEGE AVE 336 E. COLLEGE AVE 3. Date Incorporated or Qualified TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 10/13/1983 4. FEI Number Applied For 59-2449379 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be sure 300 300 Suite 27 Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? 23 **□**N₀ Yes Zlp Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHELTON, RICHARD D. Street Address (P.O. Box Number is Not Acceptable) 336 E. COLLEGE AVE. TALLAHASSEE FL 32301 83 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition SHELTON, DICK NAME 1.2 NAME 336 E. COLLEGE AVE STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE Change Addition SHAW, BOB NAME 2.2 NAME 277 N MAGNOLIA DRIVE STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE ED 3.1 TITLE ☐ Change Addition PETERSEN, BARBARA NAME 3.2 NAME 336 E COLLEGE AVENUE STREET ADDRESS 3.3 STREET ADDRESS Tallahassee fl CITY-ST-ZIP 3.4. CITY - ST - ZIP VΡ DELETE TITLE 4.1 TITLE Change Addition NAME O'HARA TOM 4. 2 NAME 2751 SOUTH DIXIE HIGHWAY STREET ADDRESS 4.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP THTLE DELETE 6.1 TITLE Change Addition

14. I hereby certify that the information supplied with this filing does per quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied enter a courage 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 of the receiver of 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 onto an attackment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CHY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIF

90 (00) 224,000