## NONPROFIT **CORPORATION** ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 770744**

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FIRST AMENDMENT FOUNDATION, INC.						33973	2 - 90122 - 8	۷ .	' )	
Principal Place of Business Mailing Address 336 E. COLLEGE AVE 336 E. COLLEGE AVE STE. 300 STE. 300 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 US						1				
	face of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 10/13/1983				
21		26			4. FEI Number		Ann	lied For	┨	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-2449379			Applicable	1 :	
22 City's Stat	B-10 102 U-4	27 City & State	د مورو <sub>د</sub> . و.					\$8.75 A		<u>. </u>
23		28				5. Certificate of Status Desired		Fee Rec	quired	_
Zip	Country	Zip		intry		Election Campaign Financing     Trust Fund Contribution		\$5.00 M		] .
24	25	Designation of America	30	T		10. Name and Address of New Re	distand Ap			1
<del> </del> -	9. Name and Address of Current	Registered Agent		81	Name	-e. Identità mild beneriana et stant i	<u> </u>			1
İ				$\sqcup \bot$						4
SHELTON, RICHARD D.				82	Street Addre	ss (P.O. Box Number is Not Acceptate	10)			ļ
338 E. COLLEGE AVE.				83						1
TALLAHASSEE FL 32301								S Zip C		┨
}				1 1	City ·		- FL 1	1 .		}
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o im familiar with, and accept the obligati	and 617.1508, Florida Statut Florida, Such change was a	es, the a uthorized	bove-	named corpo ne corporation	ration submits this statement for the p n's board of directors, i hereby accept	urpose of cha the appointm	nging its r ent as reg	egistered istered	
1	im familiar with, and accept the obligation	ons of, Section 617.0503, Fit	NOS SIST	utes.						}
SIGNATURE	Signature, typed or printed reme of registered agent	and the if applicable. (NOTE		Agent e	signature required	when mindsting)	DATE			(11/98)
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF		Change	Addition	<b>∤</b> ⋛
TITLE	STD DELETE		-	1.1 TITLE				1 curentine		1~
NAME	SHELTON, DICK			1.2 NAME						CR2E037
STREET ADDRESS	336 E. COLLEGE AVE		1 -	13 STREET ADDRESS						2
CTTY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP 2.1 TITLE			Г	Change	Addition	5
TITLE	PD PD			22 NAME				- •	_	
NAME	SHAW, BOB				UDDRESS					1
STREET ADDRESS	277 N MAGNOLIA DRIVE TALLAHASSEE FL			TY-ST-				/		J
TITLE	·FD					V	D	Change -	Addition	] · ·
NAME	PETERSEN, BARBARA		32N			•				1
STREET ADDRESS	336 E COLLEGE AVENUE	يديه والمحمل والمستخفية التمير والمستد	335	REETA	VOORESS -					-
CITY-ST-ZIP	TALLAHASSEE FL		3.4. C	MY-ST-	ZPP					4
TITLE	VPD	DELETE	☐ DELETE 4.1 TI					] Change	Addition	1
NAME	O'HARA TOM		4. 2 N	AME						
STREET ADDRESS					DORESS					
CITY-ST-ZIP	WEST PALM BEACH FL			1Y-ST-	ZIP			Change	[] Addition	Η.
TITLE	}	☐ DELETE 5.1		TITLE			L	J Crieffy 0	[] - October	1.
NAME	1				DORESS					'
STREET ADDRESS				TY-ST-Z	ľ					
CITY-ST-ZIP		☐ DELETE	8.1 1		<u></u>		F	Change	Addition	ή.
TITLE			8.2 N		- 1		_		_	1
NAME	İ		- · · ·							1

64 CITY-ST-ZIP CTTY-57-ZEP 14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

850/222-5790

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90011 010 \*\*\*\*61.25