2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2000 8:00 am Secretary of State DOCUMENT # 770744 1. Entity Name FIRST AMENDMENT FOUNDATION, INC. 02-14-2000 90037 040 ****61.25 Mailing Address Principal Place of Business 336 E. COLLEGE AVE 336 E. COLLEGE AVE STE. 300 STE. 300 00020261TALLAHASSEE FL 32301-1560 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2449379 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHELTON, RICHARD D. 336 E. COLLEGE AVE. TALLAHASSEE FL 32301 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 LC 3, PM Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change STD ☐ Delete TITLE TITLE SHELTON, DICK NAME NAME 122 S. CALHOUN ST STREET ADDRESS STREET ADDRESS 336 E. COLLEGE AVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Addition Delete ☐ Change TITLE PD TITLE NAME SHAW, BOB STREET ADDRESS STREET ADDRESS 277 N MAGNOLIA DRIVE CITY-ST:ZIP CITY-ST-ZIP TALLAHASSEE FL" ☐ Change Addition ☐ Delete TITLE PETERSEN, BARBARA NAME NAME 336 E COLLEGE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tallahassee Fl PD ☐ Addition ☐ Delete TITLE NAME O'HARA TOM STREET ADDRESS STREET ADDRESS 2751 SOUTH DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP West Palm Beach Fl Change Addition 4 P D ☐ Delete PAUL TASH NAME NAME 490 FIRST AVE. , N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF STPETERS BURG . FL 33701-4204 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.