2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am **DOCUMENT # 770744 Secretary of State** 1. Entity Name 07-31-2001 90008 007 ****61.25 FIRST AMENDMENT FOUNDATION, INC. Principal Place of Business Mailing Address 336 E. COLLEGE AVE 336 E. COLLEGE AVE ####B0994 STE. 300 STE. 300 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2449379 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHELTON, RICHARD D. 336 E. COLLEGE AVE. TALLAHASSEE FL 32301 City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE STD DEAN RIDINGS TITLE ☐ Addition SHELTON, DICK NAME NAME 122 S. CALHOUN STREET ADDRESS 122 S CALHOUN ST STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP TALLAHASSEE , FC VPD TITLE ☐ Delete TITLE TASH, PAUL NAME NAME STREET ADDRESS 490 FIRST AVE STREET ADDRESS CITY-ST-ZIP:= SAINT-PETERSBURG-FL-33701-4204 -CITY-ST-ZIP-TITLE Delete TITLE ☐ Change Addition PETERSEN, BARBARA NAME NAME STREET ADDRESS 336 E COLLEGE AVENUE STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP CITY-ST-ZIP TITLE PD Delete VPD TITLE Addition ☐ Change O'HARA TOM NAME BOB SHAW 633 NO ORANGE AVE 2751 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS ORLANDO, FL 32801 - 1349 City-St-ZIP WEST PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP

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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 equired 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.