2002 UNIFORM BUSINESS REPORT (UBR)						Mar 20, 2002 8:00 am			
DOCU	MENT # 770744		Secretary of State						
FIRST AMENDMENT FOUNDATION, INC.						02-11-2002 9019	2 018 ***	*61.25	
Principal Plac	ce of Business	Mailing Address		ــــــــــــــــــــــــــــــــــــــ					
336 E. COLLEC	SE AVE	336 E. COLLEGE AVE STE. 808				17881			
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 US					 	e o L. La sese sese note note mass ma	AN BIRTH BIRTH AN	kto Otusi posi	
2. Principal f	Place of Business	3. Mailing Address	3. Mailing Address			DO NOT WRITE IN THIS SPACE			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.							
City & Sta		City & State			4. FEI Number	4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Cou	ntry	5. Certificate of S		\$8.75 Ad	ditional	1
	: 6 Name and Address of Current	Registered Agent			- 7. Name and Add	fress of New Registered	 _		
Name De					Dean Ridina	in Ridings			
CHELTON, RICHARD D. Street Addition 2.2					ddress (P.O. Box Number is	(P.O. Box Number is Not Acceptable).			
398 E. COLLEGE AVE.						<u> </u>			7 1
TALLARAS	ISEE FL 32301			City	Tallahassee	FI	Zip Coo	2301	
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or	registered agent, or both, in	the state of Florida.]
	210	MA			,	1001	/		11
SIGNATURE	Signature, typed or printed name of registered agent a	and little if applicable (NOTE	: Registered	Agent signati	we required when reinstating)	DATE	00		
<u> </u>		9. Election Can					.		1
!	FILE NOW: FEE IS \$61.25	\$5.00 May Be Added to Fees	Make Chec	k Payable ent of State					
		Trust Fund C				<u> </u>			
TITLE	OFFICERS AND DIR	ECTORS Delete	11. TITLE			ES TO OFFICERS AND D		10 Addition	ਵ
NAME	STD RIDINGS, DEAN	L Delete	NAME		secretary t	ir easiere, !	Onango		6
STREET ADDRESS CITY-ST-ZIP	122 S CALHOUN ST			T ADDRESS ST-ZIP					CR2E037 (9/01)
	TALLAHASSEE FL 32301	Defete	TITLE		Chairman: T	<u> </u>	Change	Addition	18
NAME	TASH, PAUL	O Decour	NAME	,	-, -, , , , , , , , , , , , , , , , , ,		Lag on maga		
STREET ADDRESS CITY-ST-ZIP	490 FIRST AVE			T ADORESS ST-ZIP					
TITLE	SAINT-PETERSBURG FL 33701-42	04	TITLE	31-21	president;	*	Change	☐ Addition	1
NAME	M Petersen, Barbara		NAME						
STREET ADDRESS CITY-ST-ZIP	336 E COLLEGE AVENUE			T ADDRESS St-zip					
TITLE	TALLAHASSEE FLVPD	☐ Delete	TITLE		Viu chairma	x · T	Change	☐ Addition	
NAME	SHAW, BOB		NAME		•••	· ر)]
STREET ADDRESS City-St-Zip	633 N. ORANGE AVE ORLANDO FL 32801-1349			t address (st-zip					1
TITLE	URLANDO PL 32001-1348	☐ Delete	TITLE	1			☐ Change	Addition	
NAME Street Address			NAME	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TIFLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME	1	1.7 MES.				
STREET ADDRESS : City-st-zip				T ADDRESS ST-ZIP			•		
12. I hereby o	certify that the information supplied with t	his filing does not qualify for	the exem	notion state	ed in Section ,1.19.07(3)(i), Flo	orida Statutes. I further cer	tify that the in	formation	
12. Thereby certify that the information supplied with this filling closs not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliamental 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 out mystee empowered to execute his 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 a string like empowered.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR DATE OF DIRECTOR DATE OF DIRECTOR									
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER O	R DERECTO	H	•	Date / C	Saytime Phone #		