2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #770744 03-08-2005 90179 028 ****61.25 FIRST AMENDMENT FOUNDATION, INC. Principal Place of Business Mailing Address 336 E. COLLEGE AVE 336 E. COLLEGE AVE **SUITE 101** SUITE 101 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-2449379 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIDINGS, DEAN Street Address (P.O. Box Number is Not Acceptable) 2636 MITCHAM RD. TALLAHASSEE, FL 32308 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ST TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RIDINGS, DEAN NAME STREET ADDRESS 2636 MITCHAM RD. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TASH, PAUL NAME NAME 490 FIRST AVE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG, FL 337014204 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE PETERSEN, BARBARA 336 E COLLEGE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL CITY-ST-ZIP VCT ☐ Delete TITLE Change ☐ Addition SHAW, BOB NAME NAME 633 N. ORANGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328011349 CITY-ST-ZIP ■ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP

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 free 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 the 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 attaching

SIGNATURE:

FILED

Mar 08, 2005 8:00 am