## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 770744**

FILED Jan 24, 2007 Secretary of State

Entity Name: FIRST AMENDMENT FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 336 E. COLLEGE AVE SUITE 101 TALLAHASSEE, FL 32301 US **New Mailing Address: Current Mailing Address:** 336 E. COLLEGE AVE SUITE 101 TALLAHASSEE, FL 32301 US FEI Number: 59-2449379 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIDINGS, DEAN 2636 MITCHAM DRIVE TALLAHASSEE, FL 32308 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RIDINGS, DEAN Name: Name: Address: 2636 MITCHAM DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: CT Title: CT ( ) Delete (X) Change ( ) Addition Name: LINDLEY, DON Name: LINDLEY, DON Address: P.O. BOX 2831 Address: P.O. BOX 2831 City-St-Zip: DAYTONA BEACH, FL 321202831 City-St-Zip: DAYTONA BEACH, FL 321202831 Title: () Delete Title: () Change () Addition PETERSEN, BARBARA Name: Name: 336 E. COLLEGE AVENUE Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: ( ) Delete Title: VCT Title: VCT (X) Change ( ) Addition Name: SHAW, BOB Name: SHAW, BOB Address: P.O. BOX 2833 Address: P.O. BOX 2833 City-St-Zip: ORLANDO, FL 328022833 City-St-Zip: ORLANDO, FL 328022833

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIA E. HARPER D 01/24/2007