2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 770744

1. Entity Name

FIRST AMENDMENT FOUNDATION, INC.							01-13-2003 90057 018 ****61.25				
Principal Pla 336 E. COLLE SUITE 101 TALLAHASSEE US		Ş	Mailing Address 336 E. COLLEGE AVE SUITE 101 TALLAHASSEE FL 32301 US				ê 1 0 b ile 1 29 01 101	III AANA IAAN BARKANDA AND	! 9/4/ 6/11/ 411/ BI	31 212 11 1221	
2. Principal I	Place of Busin	iess	3. Mailing Address	3. Mailing Address							
Suite, Apt	. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	ite		City & State	City & State			4. FEI Number 59-2449379			oplied For ot Applicable	
Zip		Country	Zip	Co	untry		5. Certificate of St	atus Desired	\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
			- -		Name						
RIDINGS, DEAN						DEAN RIDINGS					
122 SOUTH CALHOUN STREET TALLAHASSEE FL 32301						ddress (P.C 2636	D. Box Number is N MITCH A	Not Acceptable) M ROAD			
			or the purpose of changir		City T	ALLA	HASSEE	-	FL Zip Cod 323		
SIGNATURE		or printed name of registered agen	9. Election	(NOTE: Registere	inancing	\$	en reinstating) 5.00 May Be dded to Fees	Make Ch	neck Payable		
10.		OFFICERS AND DI	RECTORS	11.	<u> </u>	AD	DITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	I 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIDINGS, I 122 S CAL	DEAN	☐ Delete	TITL NAM STRE		ST DEAN	RIDINGS MITCHAM AHASSEE,	Rp	⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT TASH, PAU 490 FIRST	L	☐ Delete					,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSEN	, BARBARA LEGE AVENUE	□ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT SHAW, BO 633 N. OR	В	□ Delete						☐ Change	☐ Addition	
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE			☐ Delete	TITLE	:				☐ Change	CT Addition	

12. I hereby certify that the information supplied with this filing closs 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 supplied ental, report in flue 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 justee 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 13, 2003 8:00 am Secretary of State