2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002
Secretary of State

DOCUMENT# F98000003905

Entity Name: ZEDAKAH FOUNDATION, INC.

Current Principal Place of Business:

5900 SCHAEFER RD
EDINA, MN 554361815

New Principal Place of Business:

Current Mailing Address:

5900 SCHAEFER RD
EDINA, MN 554361815

New Mailing Address:

FEI Number: 41-1771834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, GENE
659 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

SHEPARD,MCCABE AND COOLEY
1450 WEST STATE HWY 434
SUITE 200
LONGWOOD, FL 32750 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: R. EDWARD COOLEY 09/09/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: BECKER, RAYMOND
Address: 1768 83RD AVE N
City-St-Zip: MAPLE GROVE, MN 55311

Title: VC ( ) Delete
Name: ORCHARD, AL
Address: 10300 DEVONSHIRE CIRCLE, UNIT 224
City-St-Zip: BLOOMINGTON, MN 55431

Title: S ( ) Delete
Name: KRAMKA, JON
Address: 1718 JAMES AVE N
City-St-Zip: MINNEAPOLIS, MN 54111

Title: BA ( ) Delete
Name: GERE, KENNETH A
Address: 6323 TIMBER TRAIL
City-St-Zip: EDINA, MN 55439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENNETH A. GERE BA 09/09/2002
Electronic Signature of Signing Officer or Director Date