NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9700002329

1. Corporation Name

FALU FOUNDATION, INC.

Principal	Place	of	Business

1836 HERMITAGE BLVD

SUITE 200

Suite, Apt. #, etc.

22

TALLAHASSEE FL 32308-7706

2. Principal Place of Business

Mailing Address

1836 HERMITAGE BLVD

2a. Mailing Address

Suite, Apt. #, etc.

SUITE 200

26

27

TALLAHASSEE FL 32308-7706

FILED Apr 20, 1999 8:00 am § Secretary of State

04-20-1999 90040 008 ****61.25

|--|--|--|--|--|--|--|

Date Incorporated or Qualifed

04/25/1997

59-3455328

FEI Number

City & Stati	9	City & State				5. Certifcate of Sta	tus Desired			Additional
23		28								Required
Zip	Country	Zip		Country		6. Election Campa				May Be
24	25	29	30			Trust Fund Con	•			to Fees
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Add	ress of New F	Registered /	Agent	
				81	Name					
,	HERBERT F			82	Street	Address (P.O. Box Number	is Not Accepta	ıble)		
1836 HER	MITAGE BLVD			83		·····				
SUITE 200)			63						
TALLAHAS	SSEE FL 32308-7706			84	City				85 Zip	Code
			·					<u>FL</u>		
office or ragent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such chano	ie was autho	nzed by	the com	corporation submits this sta oration's board of directors.	itement for the I heraby accer	purpose of t the appoir	changing i itment as i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regi	stered Agen	t signature	required when reinstating)	_	DATE		
12.	OFFICERS AND			13.		ADDITIONS/CHA	NGES TO OF	FICERS AN	D DIRECT	
TITLE	D	☐ DE	LETE	1.1 TITLE					Change	Addition
NAME	SUMMERLIN, STEPHEN G			1.2 NAME		1				
STREET ADDRESS	1330 NW 6TH ST STE E			1.3 STREET	ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL 32601			1.4 CITY-ST	T-ZIP					
TITLE	D	□ DE	LETÉ	2.1 TITLE					Change	Addition
NAME	Morgan, Herbert F			2.2 NAME						
STREET ADDRESS	1836 HERMITAGE BLVD, STE 20	0	•	2.3 STREET	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32308-7706			2. 4 CITY-S	T- ZIP					
TITLE -	-D	DE	LETE "	3.1 TITLE	-				Change	Addition
NAME	ENGELL, SCOTT		•	3.2 NAME		Į				•
STREET ADDRESS	401 WHOOPING LOOP #1543			3.3 STREET	ADDRESS					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716	3		3.4. CITY-S	T-21P					
TITLE		☐ OE	LETE	4.1 TITLE					☐ Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY-S	T-ZIP	_				
TITLE	•	☐ DE	LETE	5.1 TITLE				• • •	☐ Change	e
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	ADDRESS	-				
CITY-ST-ZIP	,			5.4 CITY-S	T-ZIP					
TITLE		☐ DE	LETE	6.1 TITLE					Change Change	e 🔲 Addition
NAME				6.2 NAME						
STREET ADDRESS			1	6.3 STREET	ADDRESS					
CITY-ST-ZIP	<u> </u>			6.4 CITY-S		_				
14. I hereby	certify that the information supplied with	this filing does not o	qualify for the	exempti	on state	d in Section 119.07(3)(i), Fl	orida Statutes.	I turther cer	tiry that the	e information

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 12 or Block 13 if shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNIFICAND REQUIRED FOR MORGAN

4-15-99

850/422-1701

Daytime Phone #

R2E037 (11/98)

Applied For

Not Applicable