## 2003 NOT-FOR-PROFIT CORPORATION

## Apr 22, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # **N97000002329** 04-22-2003 90070 036 \*\*\*\*61.25 FALU FOUNDATION, INC. Principal Place of Business Mailing Address 1836 HERMITAGE BLVD 1836 HERMITAGE BLVD SUITE 200 SUITE 200 TALLAHASSEE FL 32308-7706 TALLAHASSEE FL 32308-7706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3455328 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORGAN, HERBERT F Street Address (P.O. Box Number is Not Acceptable) 1836 HERMITAGE BLVD SUITE 200 TALLAHASSEE FL 32308-7706 City 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 Stanature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE Delete TITLE Summerlin, Stephen G NAME NAME 1330 NW 6TH ST STE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32601 TITLE ☐ Delete Change ☐ Addition MORGAN, HERBERT F NAME NAME STREET ADDRESS 1836 HERMITAGE BLVD, STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308-7706 TITLE ☐ Delete TITLE Change ☐ Addition ENGELL, SCOTT NAME NAME STREET ADDRESS 401 WHOOPING LOOP #1543 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ALTAMONTE SPRINGS FL 32716 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 true 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 trustee 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. HERBERT F. MORGAN

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

□ Delete

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

850/422-1701

☐ Change

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☐ Addition

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FILED