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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05827

1. Corporation Name
TE-TA-MA TRUTH FOUNDATION-FAMILY OF URI, INC.

Principal Place of Business	Mailing Address
2631 HILLCREST ROAD MEDFORD OR 97504 US	P.O. BOX 1147 ASHLAND OR 97520

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) Country (30)

3. Date Incorporated or Qualifed: 04/26/1985

4. FEI Number: 94-2385796 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TORRES, REV. REINALDO E.
7325 EXTER WAY
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: BONITA M. ROBINSON
82 Street Address (P.O. Box Number is Not Acceptable): 8402 BOXWOOD DRIVE
83
84 City: TAMPA FL 85 Zip Code: 33615

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: BONITA M. ROBINSON — Bonita M Robinson — 3/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	Secretary, PD	☒ Change ☐ Addition
NAME	URI, JAMES GERMAIN		1.2 NAME	URI, D'ANGELICA MIRIAM	
STREET ADDRESS	PO BOX 1147,NA		1.3 STREET ADDRESS	P.O. BOX 1147, NA	
CITY-ST-ZIP	ASHLAND OR 97520		1.4 CITY-ST-ZIP	ASHLAND, OR 97520	
TITLE	STD	☒ DELETE	2.1 TITLE	Treasurer, VD	☒ Change ☐ Addition
NAME	URI, DINAH MARI		2.2 NAME	URI, JAMES GERMAIN	
STREET ADDRESS	PO BOX 1147,NA		2.3 STREET ADDRESS	P.O. BOX 1147, NA	
CITY-ST-ZIP	ASHLAND OR 97520		2.4 CITY-ST-ZIP	ASHLAND, OR 97520	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	URI, GRACE MARAMA		3.2 NAME		
STREET ADDRESS	PO BOX 1147,NA		3.3 STREET ADDRESS		
CITY-ST-ZIP	ASHLAND OR 97520		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	URI, D'ANGELICA MIRIAM		4.2 NAME		
STREET ADDRESS	PO BOX 1147,NA		4.3 STREET ADDRESS		
CITY-ST-ZIP	ASHLAND OR 97520		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D'Angelica Miriam URI — President — March 14, 1999 — (541) 776-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D'Angelica Miriam URI, President

CR2E037 (1-1/98)