2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 22, 2006
Secretary of State

DOCUMENT# P05827

Entity Name: TE-TA-MA TRUTH FOUNDATION-FAMILY OF URI, INC.

Current Principal Place of Business:

2631 HILLCREST ROAD
MEDFORD, OR 97504 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1147
ASHLAND, OR 97520 US

New Mailing Address:

FEI Number: 94-2385796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RODRIGUEZ, FRANCES
28624 FALLING LEAVES WAY
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

THORNBERRY, LAURA ANNE
9305 WELLINGTON PARK CIRCLE
TAMPA, FL 33647 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: LARUA ANNE THORNBERRY 09/22/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: URI, D'ANGELICA MIRIAM
Address: PO BOX 1147
City-St-Zip: ASHLAND, OR 97520

Title: TVD ( ) Delete
Name: URI, JAMES GERMAIN
Address: PO BOX 1147
City-St-Zip: ASHLAND, OR 97520

Title: D ( ) Delete
Name: URI, GRACE MARAMA
Address: PO BOX 1147
City-St-Zip: ASHLAND, OR 97520

Title: D (X) Delete
Name: RODRIGUEZ, JOSE A
Address: 28624 FALLING LEAVES WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: SD (X) Delete
Name: RODRIGUEZ, FRANCES
Address: 28624 FALLING LEAVES WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D (X) Delete
Name: WARLICK, ANGELA LYNN
Address: P.O. BOX 1147
City-St-Zip: ASHLAND, OR 97520

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WARLICK, ANGELA LYNN
Address: PO BOX 1147
City-St-Zip: ASHLAND, OR 97520

Title: STVD (X) Change ( ) Addition
Name: URI, JAMES GERMAIN
Address: PO BOX 1147
City-St-Zip: ASHLAND, OR 97520

Title: D (X) Change ( ) Addition
Name: URI, D'ANGELICA MIRIAM
Address: PO BOX 1147
City-St-Zip: ASHLAND, OR 97520

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 Chapter 119, 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: JAMES GERMAIN URI VP 09/22/2006
Electronic Signature of Signing Officer or Director Date