

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05827

FILED  
May 09, 2008  
Secretary of State

**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:**

THORNBERRY, LAURA ANNE  
9305 WELLINGTON PARK CIRCLE  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

**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:

I hereby certify that the information supplied with this filing does not qualify 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

SVD

05/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date