

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05827

FILED
Apr 14, 2009
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:

279 9TH STREET ALY
ASHLAND, OR 97520 US

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 ()**

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:

RICHARDSON, ANN FARMER
3450 PLAENCIA DRIVE
1808
TAMPA, FL 33618 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: ANN FARMER RICHARDSON

04/14/2009

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date