


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90026 031 \*\*\*\*61.25

<b>DOCUMENT # N07000006643</b>					
1. Entity Name <b>FORERUNNER MINISTRIES, INC.</b>					
Principal Place of Business 652 RANGEWOOD DRIVE SE PALM BAY, FL 32909			Mailing Address 652 RANGEWOOD DRIVE SE PALM BAY, FL 32909		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04052008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>26-0545179</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BANKOSKY, SUSAN 652 RANGEWOOD DRIVE SE PALM BAY, FL 32909			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BANKOSKY, JOHN	NAME	<i>P/D Bankosky, John</i>		
STREET ADDRESS	652 RANGEWOOD DRIVE SE	STREET ADDRESS	<i>same</i>		
CITY-ST-ZIP	PALM BAY, FL 32909	CITY-ST-ZIP	<i>same</i>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BANKOSKY, SUSAN	NAME	<i>S/T/D Bankosky, Susan</i>		
STREET ADDRESS	652 RANGEWOOD DRIVE SE	STREET ADDRESS	<i>same</i>		
CITY-ST-ZIP	PALM BAY, FL 32909	CITY-ST-ZIP	<i>same</i>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KINKEAD, RICHARD	NAME	<i>V/D Kinkead, Richard</i>		
STREET ADDRESS	622 RANGEWOOD DRIVE SE	STREET ADDRESS	<i>same</i>		
CITY-ST-ZIP	PALM BAY, FL 32909	CITY-ST-ZIP	<i>same</i>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KINKEAD, ROXANNE	NAME			
STREET ADDRESS	622 RANGEWOOD DRIVE SE	STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL 32909	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE *Susan Bankosky*