

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000005881 (7)**

1. Corporation Name

**FOUNDATION IN CHRIST MINISTRIES: 1 COR. 3:11, IN C.**



Principal Place of Business

Mailing Address

1990 SUMMIT TOWER BLVD.  
SUITE 770  
ORLANDO FL 32810  
US

1990 SUMMIT TOWER BLVD.  
SUITE 770  
ORLANDO FL 32810  
US

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1900 Summit Tower Blvd.

26 1900 Summit Tower Blvd.

4. FEI Number

59-3271100

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 770

27 Suite 770

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23 Orlando, FL

28 Orlando, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24 32810

25 U.S.

29 32810

30 U.S.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, RAYMOND L  
1990 SUMMIT TOWER BLVD.  
SUITE 770  
ORLANDO FL 32810

81 Name

Johnson, Raymond L.

82 Street Address (P.O. Box Number is Not Acceptable)

1900 Summit Tower Blvd.

83

Suite 770

84

City

Orlando

FL

85

Zip Code

32810

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

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 ☐ DELETE

NAME PD  
CURRY, KELLY E  
STREET ADDRESS 14902 AMERICAN EAGLE CT.  
CITY-ST-ZIP FT. MYERS FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME STD  
JOHNSON, RAYMOND L  
STREET ADDRESS 1900 SUMMIT TOWER BLVD.  
CITY-ST-ZIP ORLANDO FL 32810

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
CURRY, SUSAN M  
STREET ADDRESS 14902 AMERICAN EAGLE CT.  
CITY-ST-ZIP FT. MYERS FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.5 CITY-ST-ZIP ☐ Change ☐ Addition

2.6 CITY-ST-ZIP ☐ Change ☐ Addition

2.7 CITY-ST-ZIP ☐ Change ☐ Addition

2.8 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date Telephone

CR2E037 (12/95)