

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90032 014 ****61.25

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DOCUMENT # F94000005881

1. Corporation Name

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

Principal Place of Business

1900 SUMMIT TOWER BLVD
SUITE 770
ORLANDO FL 32810
US

Mailing Address

1900 SUMMIT TOWER BLVD
SUITE 770
ORLANDO FL 32810
US



2. Principal Place of Business

21 c/o RAYMOND JOHNSON, 411 SPRING VALLEY LANE
Suite, Apt. #, etc.

22 City & State
23 ALTAMONTE SPRINGS, FL

24 Zip 32714 25 Country U.S.

2a. Mailing Address

26 c/o RAYMOND JOHNSON
Suite, Apt. #, etc.

27 411 SPRING VALLEY LANE
City & State

28 ALTAMONTE SPRINGS, FL
Zip 32714 29 Country U.S.

3. Date Incorporated or Qualified

11/14/1994

4. FEI Number

59-3271100

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, RAYMOND L.
1900 SUMMIT TOWER BLVD
SUITE 770
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

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

411 SPRING VALLEY LANE

83

84 City ALTAMONTE SPRINGS

FL

85 Zip Code 32714

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 RAYMOND L. JOHNSON STD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

3/24/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CURRY, KELLY E C/O RON
STREET ADDRESS 1900 SUMMIT TOWER BLVD., #770
CITY-ST-ZIP ORLANDO FL

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

TITLE D
NAME CURRY, SUSAN M C/O RON
STREET ADDRESS 1900 SUMMIT TOWER BLVD., #770
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS c/o RAYMOND JOHNSON, 411 SPRING VALLEY LANE
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 411 SPRING VALLEY LANE
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS c/o RAYMOND JOHNSON, 411 SPRING VALLEY LANE
3.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS c/o RAYMOND JOHNSON, 411 SPRING VALLEY LANE
4.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered.

SIGNATURE: RAYMOND L. JOHNSON STD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

Date

(407) 286-0092

Daytime Phone #

CR2E037 (11/98)