

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

002103

DOCUMENT # F94000005881

1. Entity Name

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

05-04-2001 90038 044 *****61.25

Principal Place of Business

7C/O RAYMOND JOHNSON
 411 SPRING VALLEY LANE
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

7C/O RAYMOND JOHNSON
 411 SPRING VALLEY LANE
 ALTAMONTE SPRINGS FL 32714
 US

546957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3271100

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, RAYMOND L.
 411 SPRING VALLEY LN
 ALTAMONTE SPRINGS FL 32714

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME CURRY, KELLY E
 STREET ADDRESS C/O R. JOHNSON- 411 SPRING VALLEY LANE
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
 NAME JOHNSON, RAYMOND L
 STREET ADDRESS 411 SPRING VALLEY LANE
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME CURRY, SUSAN M
 STREET ADDRESS C/O R. JOHNSON- 411 SPRING VALLEY LANE
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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12. 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 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:

Signature of Raymond L. Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)