

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00973

1. Entity Name

FOUNDATION MINISTRIES, INC.

Principal Place of Business

1007 NORMAN ST  
FT. WALTON BEACH FL 32547

Mailing Address

~~1007 NORMAN ST~~ P.O. Box 1451  
FT. WALTON BEACH FL ~~32547-1422~~  
32549

2. Principal Place of Business

922 Landry St.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1451  
Suite, Apt. #, etc.

City & State

FT. Walton Beach, FL

Zip

32547

Country

Okaloosa

City & State

FT. Walton Beach, FL

Zip

32549

Country

Okaloosa

4. FEI Number

59-2468897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TABB, MARVIN H.  
1007 NORMAN ST.  
FT. WALTON BCH. FL 32547

7. Name and Address of New Registered Agent

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

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | DT                   | <input type="checkbox"/> Delete |
| NAME           | TABB, DR. M. H.      |                                 |
| STREET ADDRESS | 1007 NORMAN ST.      |                                 |
| CITY-ST-ZIP    | FT. WALTON BCH. FL   |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | KARRATTI, RICHARD    |                                 |
| STREET ADDRESS | 7 HOLMES BLVD.       |                                 |
| CITY-ST-ZIP    | FT. WALTON BCH. FL   |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | PRITCHARD, S. B.     |                                 |
| STREET ADDRESS | 709 HERRON LANE      |                                 |
| CITY-ST-ZIP    | DESTIN FL            |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | WAGNER, JAMES B.     |                                 |
| STREET ADDRESS | 307 ECHO CIRCLE      |                                 |
| CITY-ST-ZIP    | FT. WALTON BCH. FL   |                                 |
| TITLE          | SD                   | <input type="checkbox"/> Delete |
| NAME           | TABB, LOUISE         |                                 |
| STREET ADDRESS | 1007 NORMAN STREET   |                                 |
| CITY-ST-ZIP    | FORT WALTON BEACH FL |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | DT                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TABB, DR. M. H.       |  |
| STREET ADDRESS | 9524 Bone Bluff Drive |  |
| CITY-ST-ZIP    | Navarre, FL 32566     |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | SD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TABB, Louise          |  |
| STREET ADDRESS | 9524 Bone Bluff Dr.   |  |
| CITY-ST-ZIP    | Navarre, FL 32566     |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

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:

*Marvin H. Tabb* *Marvin H. Tabb* 1-12-2000 936-0482 (850)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90123 018 \*\*\*\*61.25

80007383



DO NOT WRITE IN THIS SPACE