

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00973

1. Entity Name

FOUNDATION MINISTRIES, INC.

Principal Place of Business

922 LANDRY ST
FT. WALTON BEACH FL 32547

Mailing Address

PO BOX 1451
FT WALTON BEACH FL 32549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

Address change →

Name

Marvin H. Tabb

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

9524 Bone Bluff Dr.

City

Navarre

FL

Zip Code
32566

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

Marvin H. Tabb

4-20-01

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	DT	<input type="checkbox"/> Delete
NAME	TABB, DR. M. H.	
STREET ADDRESS	9524 BONE BLUFF DRIVE	
CITY-ST-ZIP	NAVARRE FL 32566	
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	9524 BONE BLUFF DRIVE	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Delete
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		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

M. H. Tabb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

(850) 936-0482

Date

Daytime Phone #

CR2E037 (10/00)

0018740