

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00973**

1. Entity Name

FOUNDATION MINISTRIES, INC.**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90060 040 ****61.25

0008738

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

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.
9524 BONE BLUFF DRIVE
NAVARRE FL 32566**

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 \$61.259. 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	KARRATTI, RICHARD	
STREET ADDRESS	7 HOLMES BLVD.	
CITY-ST-ZIP	FT. WALTON BCH. FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	PRITCHARD, S. B.	
STREET ADDRESS	709 HERRON LANE	
CITY-ST-ZIP	DESTIN FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WAGNER, JAMES B.	
STREET ADDRESS	307 ECHO CIRCLE	
CITY-ST-ZIP	FT. WALTON BCH. FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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 **M. H. Tabb****2-19-02 (850) 936-0482**

Date

Daytime Phone #

CR2E037 (9/01)