

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2004 08:00 AM  
Secretary of State

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



01212004 No Chg-NP CR2E037 (10/03)

**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

TABB, MARVIN H.  
9524 BONE BLUFF DRIVE  
NAVARRE, FL 32566

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
TABB, DR. M. H.  
9524 BONE BLUFF DRIVE  
NAVARRE, FL 32566

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
KARRATTI, RICHARD  
7 HOLMES BLVD.  
FT. WALTON BCH., FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PRITCHARD, S. B.  
709 HERRON LANE  
DESTIN, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WAGNER, JAMES B.  
307 ECHO CIRCLE  
FT. WALTON BCH., FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
TABB, LOUISE  
9524 BONE BLUFF DRIVE  
NAVARRE, FL 32566

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*M. H. Tabb* M. H. Tabb 2-6-04 (850) 936-0482