


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90276 045 \*\*\*\*61.25

<b>DOCUMENT # N00973</b> 1. Entity Name FOUNDATION MINISTRIES, INC.	
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Principal Place of Business 922 LANDRY ST FT. WALTON BEACH, FL 32547	Mailing Address PO BOX 1451 FT WALTON BEACH, FL 32549
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2468897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	D James R. Powell 2600 Joe Bruer Road Enterprise, AL 36330

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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:** M. H. Tabb M.H. Tabb 3-31-05 850-936-0482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #