


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N00973 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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02012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 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 POWELL, JAMES R 2600 JOE BRUER RD ENTERPRISE, AL 36330

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03/07/06-80027-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2-18-06 850-936-0482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #