

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 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**



02192008 No Chg-NP CR2E037 (4/06)

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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05/06/08-80004-023 61:25**

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**

**DO NOT WRITE
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 another like endorsement.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. H. Tabb 4-14-08 850-936-0482

Date

Daytime Phone #