

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00973

FILED
Jan 13, 2009
Secretary of State

Entity Name: FOUNDATION MINISTRIES, INC.

Current Principal Place of Business:

922 LANDRY ST
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

PO BOX 1451
FT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-2468897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: TABB, DR. M. H.,
Address: 9524 BONE BLUFF DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: KARRATTI, RICHARD,
Address: 7 HOLMES BLVD.
City-St-Zip: FT. WALTON BCH., FL

Title: D () Delete
Name: PRITCHARD, S. B.,
Address: 709 HERRON LANE
City-St-Zip: DESTIN, FL

Title: D () Delete
Name: WAGNER, JAMES B.,
Address: 307 ECHO CIRCLE
City-St-Zip: FT. WALTON BCH., FL

Title: SD () Delete
Name: TABB, LOUISE,
Address: 9524 BONE BLUFF DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: POWELL, JAMES R
Address: 2600 JOE BRUER RD
City-St-Zip: ENTERPRISE, AL 36330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POWELL, CYNTHIA L.,
Address: 2600 JOE BRUER RD
City-St-Zip: ENTERPRISE, AL

Title: D (X) Change () Addition
Name: WAGNER, JAMES B.,
Address: 307 ECHO CIRCLE
City-St-Zip: FT. WALTON BCH., FL 36330

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN H. TABB

DT

01/13/2009

Electronic Signature of Signing Officer or Director

Date