

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90602 040 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2468897**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP *	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DT	TABB, DR. M. H.	9524 BONE BLUFF DRIVE	NAVARRE FL 32566	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KARRATTI, RICHARD	7 HOLMES BLVD.	FT. WALTON BCH. FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	PRITCHARD, S. B.	709 HERRON LANE	DESTIN FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WAGNER, JAMES B.	307 ECHO CIRCLE	FT. WALTON BCH. FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	TABB, LOUISE	9524 BONE BLUFF DRIVE	NAVARRE FL 32566	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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. G. TABB
M. G. TABB, MARVIN H. TABB

4-14-03 (850) 936-0482