


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

FILED
Sep 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005238 1. Entity Name THE FOUNDATION OF SELF, A CHURCH, INC.	
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Principal Place of Business 18700 LAKE IOLA RD. DADE CITY, FL 33523	Mailing Address 18700 LAKE IOLA RD. DADE CITY, FL 33523
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07122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0858375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POTTBERG, CLIFTON F 18700 LAKE IOLA ROAD DADE CITY, FL 33523	DO NOT WRITE IN THIS SPACE
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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 _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BORCHERS, MARIAN N 18724 LAKE IOLA ROAD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D PARTIN, CHARLES S 7335 CANDLELIGHT COURT NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D POTTBERG, CLIFTON F 18700 LAKE IOLA ROAD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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09/12/05-80001-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-05
Date Daytime Phone #