

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004023

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** FORERUNNERS MINISTRIES INT'L, INC.

**Current Principal Place of Business:**

2737 HOPE STREET  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 52121  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 80-0062453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVER, JACK G  
2737 HOPE STREET  
SARASOTA, FL 34231 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:** PD  
**Name:** OLIVER, JACK GAYLEN PD  
**Address:** PO BOX 52121  
**City-St-Zip:** SARASOTA, FL 34232 US

**Title:** VS  
**Name:** OLIVER, ARLENE L VS  
**Address:** PO BOX 52121  
**City-St-Zip:** SARASOTA, FL 34232 US

**Title:** T  
**Name:** OLIVER, JONATHAN D T  
**Address:** 3211 WEST DE LEON STREET APT 4  
**City-St-Zip:** TAMPA, FL 33609 US

**Title:** D  
**Name:** GOOD, SCOTT D  
**Address:** 4045 SOUTH MARK DR  
**City-St-Zip:** SARASOTA, FL 34232 US

**Title:** D  
**Name:** PRINCE, MALVIN D  
**Address:** 4942 THREE OAKS BLVD  
**City-St-Zip:** SARAOSTA, FL 34233 US

I hereby 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 all other like empowered.

**SIGNATURE:** ARLENE L OLIVER

VS

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date