


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90172 030 \*\*\*\*61.25

<b>DOCUMENT # N03000005266</b>	
1. Entity Name <b>FOUNDATION CHRISTIAN MINISTRIES, INC.</b>	

Principal Place of Business <b>4641 SO UNIVERSITY DRIVE DAVIE FL 33328-3817 US</b>	Mailing Address <b>4641 SO UNIVERSITY DRIVE DAVIE FL 33328-3817 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

59-3241078



1st MOORE CR2E037 (10/04)

4. FEI Number <del>DAVID FOR</del>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>SANTOS, EDWARD J 4641 SO UNIVERSITY DRIVE DAVIE FL 33328-3817</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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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 \_\_\_\_\_

**FILE NOW - FEE IS \$61.25  
Due By May 1, 2005**

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	PD SANTOS, EDWARD J 4641 SO UNIVERSITY DRIVE DAVIE FL 33328-3817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Title: <del>Change</del> (X) Addition Name: SANTOS, PATRICIA A AST G/M Address: 4641 SO UNIVERSITY DRIVE City-St-Zip: DAVIE, FL 333283819 <i>Director only</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Title: <del>Change</del> (X) Addition Name: HURST, BETH A 1STVG/M Address: 4641 SO UNIVERSITY DRIVE City-St-Zip: DAVIE, FL 333283817 <i>Director only</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Title: <del>Change</del> (X) Addition Name: GOLIS, PATRICIA A 2NDVG/M Address: 4641 SO UNIVERSITY DRIVE City-St-Zip: DAVIE, FL 333283817 <i>Director only</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Title: <del>Change</del> (X) Addition Name: STEVENS, SUSAN A 3RDVG/M Address: 4641 SO UNIVERSITY DRIVE City-St-Zip: DAVIE, FL 333283817 <i>Director only</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Title: <del>Change</del> (X) Addition Name: SANTOS, EDNA A 4THVG/M Address: 4641 SO UNIVERSITY DRIVE City-St-Zip: DAVIE, FL 333283817 <i>Director only</i>	

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: *Edward J Santos* **EDWARD J SANTOS** 2/12/05 954 434 1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #