

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005266

FILED
Feb 01, 2006
Secretary of State

Entity Name: FOUNDATION CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

4641 SO UNIVERSITY DRIVE
DAVIE, FL 333283817 US

New Principal Place of Business:

Current Mailing Address:

4641 SO UNIVERSITY DRIVE
DAVIE, FL 333283817 US

New Mailing Address:

FEI Number: 59-3241078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTOS, EDWARD J
4641 SO UNIVERSITY DRIVE
DAVIE, FL 333283817 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 () Delete
Name: SANTOS, EDWARD J
Address: 4641 SO UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 333283817 US

Title: D () Delete
Name: SANTOS, PATRICIA A AST
Address: 4841 SO UNIVERSITY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 333283819

Title: D () Delete
Name: HURST, BETH A
Address: 4641 SO UNIVERSITY DR
City-St-Zip: FORT LAUDERDALE, FL 333283817

Title: D () Delete
Name: GOLIS, PATRICIA A
Address: 4641 SO UNIVERSITY DR
City-St-Zip: FORT LAUDERDALE, FL 333283817

Title: D () Delete
Name: STEVENS, SUSAN A
Address: 4641 SO UNIVERSITY DR
City-St-Zip: FORT LAUDERDALE, FL 333283817

Title: D () Delete
Name: SANTOS, EDNA A
Address: 4841 SO UNIVERSITY DR
City-St-Zip: FORT LAUDERDALE, FL 333283817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SANTOS, PATRICIA A AST
Address: 4841 SO UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 333283819

Title: D (X) Change () Addition
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Title: D (X) Change () Addition
Name: SANTOS, EDNA A
Address: 4841 SO UNIVERSITY DR
City-St-Zip: DAVIE, FL 333283817

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD J SANTOS

PD

02/01/2006

Electronic Signature of Signing Officer or Director

Date