


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000009391**  
 1. Entity Name  
**F.O.G. HELP NOW MINISTRY, INC.**



Principal Place of Business      Mailing Address  
**903 BOUGAINVILLE ROAD EAST**      **903 BOUGAINVILLE ROAD EAST**  
**LEHIGH ACRES, FL 33936**      **LEHIGH ACRES, FL 33936**

**DO NOT WRITE IN THIS SPACE**



02202006 No Chg-NP CRZE037 (11/05)

4. FEI Number **81-0639970** Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**EWEN, JOAN REV**  
**903 BOUGAINVILLE ROAD EAST**  
**LEHIGH ACRES, FL 33936**

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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 re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25 Due by May 1, 2006**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EWEN, JOAN REV
STREET ADDRESS	903 BOUGAINVILLE ROAD EAST
CITY - ST - ZIP	LEHIGH ACRES, FL 33936
TITLE	V.
NAME	EWEN, MICHAEL
STREET ADDRESS	903 BOUGAINVILLE ROAD EAST
CITY - ST - ZIP	LEHIGH ACRES, FL 33936
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joan Ewen President      2-27-06 237-3032253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #