

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004899

FILED  
May 03, 2012  
Secretary of State

**Entity Name:** FATHER OF THE BRIDE MINISTRIES, INC

**Current Principal Place of Business:**

1012 SE 25TH TERRACE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 152238  
CAPE CORAL, FL 33915

**New Mailing Address:**

**FEI Number:** 51-0537816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAREY, MANDY  
1012 S.E. 25TH TERRACE  
CAPE CORAL, FL 33904 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: CAREY, MANDY REV  
Address: 1012 SE 25TH TERR  
City-St-Zip: CAPE CORAL, FL 33904

Title: D  
Name: CAREY, STEPHEN L  
Address: 1012 SE 25TH TERR  
City-St-Zip: CAPE CORAL, FL 33904

Title: D  
Name: MYERS, JESSIE L REV  
Address: 2100 NW 28TH AVE  
City-St-Zip: CAPE CORAL, FL 33993

Title: D  
Name: MYERS, CONNIE REV  
Address: 2100 NW 28TH AVE  
City-St-Zip: CAPE CORAL, FL 33993

Title: DT  
Name: BELL, DORIS V  
Address: 3526 PATRICK AVE  
City-St-Zip: FT. MYERS, FL 33916

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: MANDY CAREY

PD

05/03/2012

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

\_\_\_\_\_  
Date