

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010255

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** STRONG FOUNDATION MINISTRIES CHURCH INC.

**Current Principal Place of Business:**

6956 NW 166TH TERR  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 4805  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:** 32-0132852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORTHERN, THERMAN  
6956 NW 166TH TERR  
MIAMI LAKES, FL 33014 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:** D  
**Name:** NORTHERN, THERMAN  
**Address:** 6956 NW 166TH TERR  
**City-St-Zip:** MIAMI LAKES, FL 33014

**Title:** D  
**Name:** NORTHERN, GLORIA  
**Address:** 6956 NW 166TH TERR  
**City-St-Zip:** MIAMI LAKES, FL 33014

**Title:** D  
**Name:** RUSSELL, PHILLIP  
**Address:** 861 S. W. 2ND STREET  
**City-St-Zip:** FLORIDA CITY, FL 33034

**Title:** D  
**Name:** HALLOMAN, GREGORY  
**Address:** 1501 ROYAL RIDGE DRIVE  
**City-St-Zip:** DAVENPORT, FL 33896

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:** THERMAN L. NORTHERN

D

04/19/2010

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

\_\_\_\_\_  
Date