

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009645

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: FOOTWASHER MINISTRIES, INC.

## Current Principal Place of Business:

651 SW 158TH TERRACE  
PEMBROKE PINES, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

651 SW 158TH TERRACE  
PEMBROKE PINES, FL 33027

## New Mailing Address:

FEI Number: 20-3555944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPE, CAROL A  
651 SW 158TH TERRACE  
PEMBROKE PINES, FL FL 33027 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 ( ) Delete  
Name: CAPE, DAVID J DR  
Address: 651 SW 158TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete  
Name: PALMER, RODERICK  
Address: 19 PORT ECHO LANE  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: SPANJAARD, ROBERT B  
Address: 47-14TH AVE, WALMER  
City-St-Zip: PORT ELIZABETH. SOUTH AFRICA, SA 6070 SA

Title: D ( ) Delete  
Name: CAPE, RONALD R  
Address: 20 KINGS CREST, CATHCART ROAD  
City-St-Zip: PORT ELIZABETH. SOUTH AFRICA, SA 6001 SA

Title: D ( ) Delete  
Name: FITZGERALD, ANTHONY PASTOR  
Address: 12532 EAGLE RIDGE RD  
City-St-Zip: RICHMOND, VA 23233

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DAVID JOHN CAPE

D

01/16/2007

Electronic Signature of Signing Officer or Director

Date