

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009645

FILED
Jan 29, 2009
Secretary of State

Entity Name: FOOTWASHER MINISTRIES, INC.

Current Principal Place of Business:

427 LONG COVE RD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:
427 LONG COVE RD.
ORMOND BEACH, FL 32174

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
427 LONG COVE RD.
ORMOND BEACH, FL 32174 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: 427 LONG COVE RD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: PALMER, RODERICK
Address: 6 POST LN
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: D (X) Change () Addition
Name: SPANJAARD, ROBERT B
Address: 1880 LUCE CREEK DRIVE
City-St-Zip: ANNAPOLIS, MD 21401 US

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 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 J. CAPE

D

01/29/2009

Electronic Signature of Signing Officer or Director

Date