


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90027 010 ****61.25

DOCUMENT # N19426 1. Entity Name FOUNDATION FOR CHRISTIAN MINISTRIES, INC.					
Principal Place of Business 9116 KENTON ROAD WESLEY CHAPEL, FL 33544				Mailing Address PO BOX 1690 BRANDON, FL 33509	
2. Principal Place of Business				3. Mailing Address	
Suite, Apt. #, etc. 711 Charter Wood Place				Suite, Apt. #, etc.	
City & State Valrico, FL 33594				City & State	
Zip 33594		Country US		4. FEI Number 59-2828301	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHADWELL, JAMES M 9116 KENTON RD ZEPHYRHILLS, FL 33544				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 711 Charter Wood Place City Valrico	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADWELL, JAMES M. 9116 KENTON ROAD WESLEY CHAPEL, FL 33422	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	711 Charterwood Place Valrico, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, ROY 9612 HARNEY ROAD THONOTOSASSA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	13216 Jaudon Ranch Rd Dover, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADWELL, ROBERT 4008 VALRICO GROVE DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>James M Chadwell</i>				3/19/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				813-654-2881	
				<small>Daytime Phone #</small>	