

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N19426

1. Entity Name  
FOUNDATION FOR CHRISTIAN MINISTRIES, INC.



Principal Place of Business  
711 CHARTER WOOD PLACE  
VALRICO, FL 33594

Mailing Address  
PO BOX 1690  
BRANDON, FL 33509



01212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2828301

Applied For  
(Not Applicable)

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

CHADWELL, JAMES M  
711 CHARTER WOOD PLACE  
VALRICO, FL 33594

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11000000237879  
02/21/05-80071-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHADWELL, JAMES M.  
711 CHARTER WOOD PLACE  
VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PRICE, ROY  
13216 JAUDON RANCH RD.  
DOVER, FL 33527

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHADWELL, ROBERT  
4008 VALRICO GROVE DRIVE  
VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-654-2881