

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90088 034 \*\*\*\*61.25

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**DOCUMENT # N37813**

1. Corporation Name

**FOUNDERS MINISTRIES, INC.**

Principal Place of Business

**204 SW 11 PLACE  
CAPE CORAL FL 33991**

Mailing Address

**204 SW 11 PLACE  
CAPE CORAL FL 33991**

119/51 - 90000 - 07



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**04/24/1990**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**65-0243661**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WYNN, HAL  
8250 LITTLETON ROAD  
N FT MYERS FL 33903**

81 Name

**Thomas K. Ascol**

82 Street Address (P.O. Box Number is Not Acceptable)

**204 SW 11th Place**

83

84 City

**Cape Coral**

**FL**

85 Zip Code

**33991**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Thomas K. Ascol**

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

(NOTE: Registered Agent signature required when reinstating)

**January 22, 1999**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **ASCOL, THOMAS K. DR**  
STREET ADDRESS **204 SW 11TH PL**  
CITY-ST-ZIP **CAPE CORAL FL 33917**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VPD** ☐ DELETE  
NAME **WYNN, HAL V.**  
STREET ADDRESS **8250 LITTLETON ROAD**  
CITY-ST-ZIP **N FT MYERS FL 33903**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **STD** ☐ DELETE  
NAME **ASCOL, WILLIAM**  
STREET ADDRESS **457 MOHICAN LN**  
CITY-ST-ZIP **SHREVEPORT LA 71106**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Thomas K. Ascol**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

(941) 772-1400

Daytime Phone #

CR2E037 (11/98)