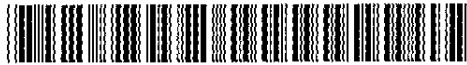
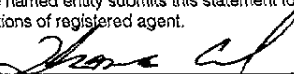
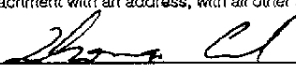


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N37813			
1. Entity 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	
DO NOT WRITE IN THIS SPACE			
		01072004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 65-0243661	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASCOL, THOMAS K 204 SW 11TH PL CAPE CORAL, FL 33991		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  DATE 1/7/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000002965 01/13/04-90036-006 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASCOL, THOMAS K. DR 204 SW 11TH PL CAPE CORAL, FL 33991	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WYNN, HAL V. 8250 LITTLETON ROAD N FT MYERS, FL 33903		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ASCOL, WILLIAM 457 MOHICAN LN SHREVEPORT, LA 71106		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  DATE 1/7/04 DAYTIME PHONE # 239-772-1400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			