

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37813

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: FOUNDERS MINISTRIES, INC.

## Current Principal Place of Business:

204 SW 11 PLACE  
CAPE CORAL, FL 33991

## New Principal Place of Business:

## Current Mailing Address:

204 SW 11 PLACE  
CAPE CORAL, FL 33991

## New Mailing Address:

P.O. BOX 150931  
CAPE CORAL, FL 33915

FEI Number: 65-0243661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ASCOL, THOMAS K  
204 SW 11TH PL  
CAPE CORAL, FL 33991 US

## Name and Address of New Registered Agent:

ASCOL, THOMAS K  
3331 DELILAH DRIVE  
CAPE CORAL, FL 33993 US

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: THOMAS K. ASCOL

02/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ASCOL, THOMAS K. DR.,  
Address: 204 SW 11TH PL  
City-St-Zip: CAPE CORAL, FL 33991

Title: VPD ( ) Delete  
Name: WYNN, HAL V.,  
Address: 8250 LITTLETON ROAD  
City-St-Zip: N FT MYERS, FL 33903

Title: STD ( ) Delete  
Name: ASCOL, WILLIAM,  
Address: 18200 SOUTH SHERIDAN ROAD  
City-St-Zip: BIXBY, OK 74008

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ASCOL, THOMAS K  
Address: 3331 DELILAH DRIVE  
City-St-Zip: CAPE CORAL, FL 33993

Title: VPD (X) Change ( ) Addition  
Name: NETTLES, THOMAS J  
Address: 3710 CYPRESS SPRINGS PLACE  
City-St-Zip: LOUISVILLE, KY 40245

Title: AVPD (X) Change ( ) Addition  
Name: MALONE, FRED  
Address: P.O. BOX 8217 / 11125 CHURCH ST.  
City-St-Zip: CLINTON, LA 70722

Title: SEC ( ) Change (X) Addition  
Name: NEWTON, PHILLIP  
Address: 1921 HUNTERS HILL DRIVE  
City-St-Zip: GERMANTOWN, TN 38138

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: THOMAS K. ASCOL

PD

02/27/2009

Electronic Signature of Signing Officer or Director

Date