

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37813

**FILED**  
**Feb 18, 2011**  
**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:**

P.O. BOX 150931  
CAPE CORAL, FL 33915

**New Mailing Address:**

**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  
3331 DELILAH DRIVE  
CAPE CORAL, FL 33993 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

Title: SEC  
Name: NEWTON, PHILLIP  
Address: 1921 HUNTERS HILL DRIVE  
City-St-Zip: GERMANTOWN, TN 38138

Title: OFF  
Name: MALONE, FRED A  
Address: 11125 CHURCH STREET  
City-St-Zip: CLINTON, LA 70722

I hereby 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 all other like empowered.

SIGNATURE: THOMAS K. ASCOL

PD

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date