1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N48144

FOUNDATIONS FOR GROWTH MINISTRIES, INC.

Principal Place of Business

4439 SEAGULL DRIVE MERRITT ISLAND FL 32953 Mailing Address

4439 SEAGULL DRIVE MERRITT ISLAND FL 32953

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90098 031 \*\*\*\*61.25





					•			
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
	Waganiu Beup	26 182 Way	25M166	Buo	04/01/1992			
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Apr	olied For	
		27			59-3108781	Not	Applicable	
City & State	en Fi	City & State	FL	-	5. Certificate of Status Desired -	\$ <b>8.75</b> A Fee Re		
Zip 24 3292	Country	Zip 32926	Country 30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•	
24 0 072	9. Name and Address of Curre		1301 0.00		10. Name and Address of New Regist			
	5. Italio dia Addio of Gaile	TIL ING BIOLOGICA TO SHALL	81	Name				
ACDUDY	CADLC		-	0	(D.O. Cau Number in Not Acceptable)			
ASBURY, CARL G. 4439 SEAGULL DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
MERRITT ISLAND FL 32953			L			0.0 7:- (		
	•		84	City	•	FL 85 Zip C	.oge	
11. Dureuset	to the provisions of Sections 617 05	02 and 617,1508. Florida Statu	ites, the abov	e-named corp	oration submits this statement for the purpo	ose of changing its	registered	
office or r	paintared agent or both in the State	of Florida, Such change was :	allinonzed ov	the comorauc	on's board of directors. I hereby accept the	appointment as req	gistered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Fi	onda Statute:	s.				
SIGNATURE	Signature, typed or printed name of registered agr	ALOTA WILL IT englischie	E. Dagistand Age	nt signature required	of when reinstating)	ATE		
12.		ND DIRECTORS	13.	in agradua regener	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition	
	MARSHMAN, CHRIS		1.2 NAME					
NAME	2829 DON QUIXOTE DR.			T ADDRESS .	•			
STREET ADDRESS				i				
CITY-ST-ZIP			1.4 CITY-5 2.1 TITLE	51-ZIP		Change	☐ Addition	
TITLE	•		2.7 NAME		· ·	_ ,	_	
NAME	ASBURY, CARL G.					•		
STREET ADDRESS	1			ET ADDRESS		•		
CITY-ST-ZIP	MERRITT ISLAND FL 32953	☐ DELETE	2. 4 CITY-	ST-ZIP		☐ Change	Addition	
TITLE	D .	□ DELETE	3.1 TITLE		بية موسات أأ البيعة سيوسية مو		~ <del> </del>	
NAME	MARSHMAN, LINDA		3.2 NAME	· ·				
STREET ADDRESS	2829 DON QUIXOTE DR.		1	T ADDRESS	•			
CITY-ST-ZIP	PUNTA GORDA FL 33950		3.4. CITY-	ST-ZIP		☐ Change	Addition	
TITLE	D	☐ DELETE	4.1 TITLE			c.icalge		
NAME	ASBURY, LINDA		4. 2 NAME	1	•	•		
STREET ADDRESS	4439 SEAGULL DRIVE			T ADORESS				
CITY-ST-ZIP	MERRITT ISLAND FL 32953		4.4 CITY-	ST-ZIP	<u> </u>	☐ Change	Additio	
TITLE		☐ DELETE	5.1 TITLE			change		
NAME			5.2 NAME			•		
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u> </u>	Cherry	C Addiso	
TITLE		☐ DELETE	6.1 TITLE		•	☐ Change	Addition	
NAME			6.2 NAME			-		
STREET ADDRESS				ET ADORESS	•			
CITY ST 7ID	i		6.4 CITY-	ST-ZIP				

CITY-ST-ZIP 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:**