# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 06, 2011**
**Secretary of State**

DOCUMENT# N95000001820

**Entity Name:** FOCUS ON CHRIST MINISTRIES, INC.

**Current Principal Place of Business:**

561 E. MITCHELL HAMMOCK RD.
STE 100
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 622226
OVIEDO, FL 327622226 US

**New Mailing Address:**

**FEI Number: 59-3312869** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FRANZ, FRED
561 MITCHELL HAMMOCK RD., STE 100
OVIEDO, FL 32765 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: D
Name: FRANZ, FRED
Address: 561 E. MITCHELL HAMMOCK RD., STE 100
City-St-Zip: OVIEDO, FL 32765

Title: DP
Name: BARLEY, WILLIAM
Address: PO BOX 622226 N/A
City-St-Zip: OVIEDO, FL

Title: DV
Name: BARLEY, GAIL
Address: PO BOX 622226 N/A
City-St-Zip: OVIEDO, FL 26

Title: D
Name: BELLHORN, TED
Address: 7936 E. SANDIA CIRCLE
City-St-Zip: MESA, AZ 85207

Title: D
Name: HARPER, EVERETT
Address: 429 W. CHURCH AVE
City-St-Zip: LONGWOOD, FL

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: WILLIAM M. BARLEY DP 01/06/2011

Electronic Signature of Signing Officer or Director Date