

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000834

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** FOUNDATION FOR LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

1025 1/2 LOCUST AVE  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN SHIRLEY ROBINSON  
5024 ST GERMAIN AV  
BELLE ISLE, FL 328121144 US

**New Mailing Address:**

**FEI Number:** 59-3373677

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, SHIRLEY K  
5024 ST GERMAIN AV  
BELLE ISLE, FL 328121144 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: DST  
Name: ROBINSON, SHIRLEY K  
Address: 5024 ST. GERMAIN AVE  
City-St-Zip: BELLE ISLE, FL 328121144 US

Title: DVP  
Name: LONG, JAMES R  
Address: 8126 WOODDUCK DR  
City-St-Zip: ORLANDO, FL 32825

Title: DC  
Name: PURDIN, EDWARD  
Address: 8779 ALEGRE CR  
City-St-Zip: ORLANDO, FL 32836

Title: D  
Name: ANTHONY, PATRICK F  
Address: 1442 NOLAN COURT  
City-St-Zip: ORLANDO, FL 32814

Title: D  
Name: HARRELL, ROBERT S  
Address: 2800 TRENTWOOD BLVD.  
City-St-Zip: ORLANDO, FL 32812 US

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: SHIRLEY K. ROBINSON

DST

04/14/2012

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

\_\_\_\_\_  
Date