

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000002391**

**1. Entity Name**  
**FAMILIES FOR CHRIST MINISTRIES, INC.**



**Principal Place of Business**  
**611 19TH STREET S.W.**  
**NAPLES, FL 34117**

**Mailing Address**  
**611 19TH STREET S.W.**  
**NAPLES, FL 34117**



01222004 No Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**59-3510826**

Applied For
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GARNER, JOHN A**  
**801 LAUREL OAK DRIVE STE 710**  
**NAPLES, FL 34108**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**



**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KOLLEGGGER, ERWIN P
STREET ADDRESS	611 19TH STREET S.W.
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	VPD
NAME	FUSCO, GARY
STREET ADDRESS	60 EUGENIA DR.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	SD
NAME	KOLLEGGGER, CAROLYN
STREET ADDRESS	611 19TH STREET S.W.
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	TD
NAME	FUSCO, ROSALIND
STREET ADDRESS	60 EUGENIA DR.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000020174  
01/29/04-80053-024 61.25

**DO NOT WRITE  
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**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ERWIN KOLLEGGGER**

Date

**1/26/04 239-514-7009**

Daytime Phone #