# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 08, 2005**
**Secretary of State**

DOCUMENT# N98000002391

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

**Current Principal Place of Business:**

611 19TH STREET S.W.
NAPLES, FL 34117

**New Principal Place of Business:**

**Current Mailing Address:**

611 19TH STREET S.W.
NAPLES, FL 34117

**New Mailing Address:**

**FEI Number: 59-3510826** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

GARNER, JOHN A
801 LAUREL OAK DRIVE STE 710
NAPLES, FL 34108 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 ( ) Delete
Name: KOLLEGGER, ERWIN P
Address: 611 19TH STREET S.W.
City-St-Zip: NAPLES, FL 34117

Title: VPD ( ) Delete
Name: FUSCO, GARY
Address: 60 EUGENIA DR.
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete
Name: KOLLEGGER, CAROLYN
Address: 611 19TH STREET S.W.
City-St-Zip: NAPLES, FL 34117

Title: TD ( ) Delete
Name: FUSCO, ROSALIND
Address: 60 EUGENIA DR.
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: FUSCO, GARY
Address: 6570 ILEX CIRCLE.
City-St-Zip: NAPLES, FL 34109

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: FUSCO, ROSALIND
Address: 6570 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ERWIN P KOLLEGGER PD 07/08/2005

Electronic Signature of Signing Officer or Director — Date