2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002391

1. Entity Name
FAMILIES FOR CHRIST MINISTRIES, INC.

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

01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3510826
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOLLEGGER, ERWIN P
STREET ADDRESS	611 19TH STREET S.W.
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	VPD
NAME	FUSCO, GARY
STREET ADDRESS	6570 ILEX CIRCLE.
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	SD
NAME	KOLLEGGER, CAROLYN
STREET ADDRESS	611 19TH STREET S W.
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	TD
NAME	FUSCO, ROSALIND
STREET ADDRESS	6570 ILEX CIRCLE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ERWIN P KOLLEGGER 2/20/06 239-514-7009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #