

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 19, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000004606**1. Entity Name  
**FIRM FOUNDATION MINISTRIES, INC.**

Principal Place of Business 67 SUZANNE DRIVE  SANTA ROSA BEACH 32459	FL	Mailing Address 67 SUZANNE DRIVE  SANTA ROSA BEACH 32459	FL
--	----	--	----

2. Principal Place of Business 68 HALLELUJAH AVE  Suite, Apt. #, etc.	3. Mailing Address 68 HALLELUJAH AVE  Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State SANTA ROSA BEACH FL	City & State SANTA ROSA BEACH FL	4. FEI Number <b>59-3528173</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 32459	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DAVIS JAMES T 67 SUZANNE DRIVE  SANTA ROSA BEACH FL 32459		7. Name and Address of New Registered Agent Name DAVIS JAMES T Street Address (P.O. Box Number is Not Acceptable) 68 HALLELUJAH AVE  City SANTA ROSA BEACH FL Zip Code 32459	
--	--	--	--

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.

SIGNATURE **JAMES T. DAVIS** **01/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
---	---	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS CAROL J 67 SUZANNE DRIVE SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS CAROL J 68 HALLELUJAH AVE SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ERVIN JIMMIE 38 HOLIDAY SHORES COURT DESTIN FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ERVIN JIMMIE 115 LANDING LANE COVINGTON GA 30016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOLLESON RODNEY 724 SOUTH SEAGRAVE DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS JAMES T 67 SUZANNE DRIVE SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS JAMES T 68 HALLELUJAH AVE SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **James T. Davis** **DP** **01/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)