

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17965** (5)

1. Corporation Name

FOUNDATION MINISTRIES, INC.



Principal Place of Business

**7403 TEMPLE TERRACE HWY
B
TAMPA FL 33637
US**

Mailing Address

**PO BOX 16604
TAMPA FL 33687-6604**

3. Date Incorporated or Qualified
02/10/1988

3a. Date of Last Report
01/30/1995

2. Principal Place of Business
21 **1001 E. Reynolds St.**

2a. Mailing Address
26 **P.O. Box 3218**

4. FEI Number
73-1211695

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
23 **Plant City, FL**

City & State
28 **Plant City, FL**

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

Zip
24 **33566**

Country
25 **USA**

Zip
29 **33564**

Country
30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREIN, W.J.
9705 CYPRESS SHADOW
TAMPA FL 33647**

81 Name
Grein, W.J.
82 Street Address (P.O. Box Number is Not Acceptable)
816 Turtle River Ct.
83
84 City
Plant City **FL** 85 Zip Code
33567

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREIN, W. J.	
STREET ADDRESS	816 TRUTLE RIVER CT	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREIN, JANICE L.	
STREET ADDRESS	9705 CYPRESS SHADOW	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MALEY, HENRY W.	
STREET ADDRESS	RT. 4 BOX 251	
CITY-ST-ZIP	GROVE OK	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	816 Turtle River Ct.
24 CITY-ST-ZIP	Plant City, FL 33567
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	669 Driver Lane
34 CITY-ST-ZIP	Plant City, FL 33565
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice L. Grein

Sec/Treas

Date

Daytime Phone #

CR2E037 (12/95)