FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(5)

FOUNDATION MINISTRIES, INC.

FILED Sep 05 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			i Brati dibil didik bidik sibil sibil disik kodi
1001 E. REYNOLDS ST B PLANT CITY FL 33566		P.O. BOX 3218 PLANT CITY FL 33564-3218 US			
US				3. Date Incorporated or Qualified 02/10/1988	3a. Date of Last Report 02/05/1996
2. Principal P	lace of Business	2a. Mailing Address 26 P.O. Box	2637	4. FEI Number 73-1211695	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	FL 3356	4 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip 24	Country 26	Zip	Country	8. This corporation has liability for int	angible tax under s. 199.032, Yes
 				10. Name and Address of New Regi	stered Agent
81 Name				· · · · · · · · · · · · · · · · · · ·	
Grein, W.J. -816 Tur tle river ot				dress (P.O. Box Number is Not Acceptable) , , ,
-PLANT C	HTY-FL-83567-		83		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 talle if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	DELETE	,	DW. J. GREIN	Change Addition
NAME	GREIN, W. J.		1.2 NAME	1001 E. REYNOLD	`
STREET ADDRESS	816 TRUTLE RIVER CT		1.3 STREET ADDRESS		13 22564
CITY-ST-ZIP TITLE	PLANT CITY FL SD	DELETE	1.4 CITY-ST-ZIP	PLANT CITY, FL. STANICE L. GREIN	Change Addition
NAME	GREIN, JANICE L.		2.1 TITLE 53	JANICE L. GREI	
STREET ADDRESS	816 TURTLE RIVER CT		2.3 STREET ADDRESS	1001 E. REYNOLDS	
CITY-ST-ZIP	PLANT CITY FL		2. 4 CITY - ST-ZIP	PLANT CITY, FL. 3	3564
TITLE	1D	DELETE	3.1 TITLE		
NAME	MALEY, HENRY W.		3.2 NAME	CLEO B. MALEY 669 DRIVER LAN	
STREET ADDRESS	669 DRIVER LANE		3.3 STREET ADDRESS	669 DRIVER LAN	<i>)F</i>
CITY-ST-ZIP	PLANT CITY FL	DELETE	3.4. CITY-ST-ZIP	PLANT CITY, FL.	☐ Change ☐ Addition
TITLE		□ DETER	4.1 TITLE 4.2 NAME	V	Conside C Accilion
STREET ADDRESS			4.2 NAIVIE 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	•		5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 City-St-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 if changed, or on an attachment with an address.

6.3 STREET ADDRESS