

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009645

**Entity Name:** FOOTWASHER MINISTRIES, INC.**Current Principal Place of Business:**427 LONG COVE RD.  
ORMOND BEACH, FL 32174**Current Mailing Address:**427 LONG COVE RD.  
ORMOND BEACH, FL 32174**FEI Number:** 20-3555944**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPE, CAROL A  
427 LONG COVE RD.  
ORMOND BEACH, FL 32174 US*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**Officer/Director Detail :**

Title	D
Name	CAPE, DAVID JDR
Address	427 LONG COVE RD.
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	PALMER, RODERICK
Address	6 POST LN
City-State-Zip:	PALM COAST FL 32164

Title	D
Name	SPANJAARD, ROBERT B
Address	54 WATERKANT STREET
City-State-Zip:	JEFFERY'S BAY EASTERN CAPE 6330

Title	D
Name	CAPE, RONALD RUSSELL
Address	5 ST JOHNS AVE WALMER
City-State-Zip:	PORT ELIZABETH EASTERN CAPE 6001

Title	D
Name	FITZGERALD, ANTHONY PASTOR
Address	3468 MANOR GROVE CIRCLE
City-State-Zip:	GLEN ALLEN VA 23059

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID JOHN CAPE**DIRECTOR****01/14/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date