

**2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007468

**FILED**  
**Apr 22, 2026**  
**Secretary of State**  
**2793659766CC**

**Entity Name:** FIRM FOUNDATIONS MINISTRIES INC.

**Current Principal Place of Business:**

2 MOONGLOW DRIVE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

PO BOX 731867  
ORMOND BEACH, FL 32173 US

**FEI Number:** 46-0757265

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 PD  
Name MANN, TIMOTHY  
Address 2 MOONGLOW DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title VPD  
Name PALMER, ROBERT  
Address PO BOX 731867  
City-State-Zip: ORMOND BEACH FL 32173

Title SD  
Name GRENELLE, PAUL  
Address PO BOX 731867  
City-State-Zip: ORMOND BEACH FL 32173

Title T  
Name PEARSON, SUSAN  
Address PO BOX 731867  
City-State-Zip: ORMOND BEACH FL 32173

*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:** TIMOTHY MANN

PD

04/22/2026

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date