2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2018
Secretary of State
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Entity Name: FOUNDERS MINISTRIES, INC.

Current Principal Place of Business:

1303 CEITUS TERRACE
CAPE CORAL, FL 33991

Current Mailing Address:

P.O. BOX 150931
CAPE CORAL, FL 33915

FEI Number: 65-0243661

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASCOL, THOMAS K
3331 DELILAH DRIVE
CAPE CORAL, FL 33993 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	ASCOL, THOMAS K
Address	3331 DELILAH DRIVE
City-State-Zip:	CAPE CORAL FL 33993

Title	VPD
Name	NETTLES, THOMAS J
Address	3710 CYPRESS SPRINGS PLACE
City-State-Zip:	LOUISVILLE KY 40245

Title	SEC
Name	NEWTON, PHILLIP
Address	1921 HUNTERS HILL DRIVE
City-State-Zip:	GERMANTOWN TN 38138

Title	OFF
Name	MALONE, FRED A
Address	11125 CHURCH STREET
City-State-Zip:	CLINTON LA 70722

Title	OFFICER
Name	LONGSHORE, JARED R DR.
Address	4463 ORANGE GROVE BLVD.
City-State-Zip:	NORTH FORT MYERS FL 33903

Title	OFFICER
Name	LEE, JON ENGLISH
Address	12 BRANTWOOD DRIVE
City-State-Zip:	MONTGOMERY AL 36109

Title	OFFICER
Name	TOM, HICKS
Address	10375 WILLIAMS DRIVE
City-State-Zip:	CLINTON LA 70722

Title	OFFICER
Name	JEFF, ROBINSON
Address	166 GOEL ROAD
City-State-Zip:	BIRMINGHAM AL 35244

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: THOMAS K. ASCOL PD 02/19/2018

Electronic Signature of Signing Officer/Director Detail — Date