FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:33

DOCUMENT # 703485 (3)

1. Corporation Name
FEA MINISTRIES, INC.

Principal Place of Business	Mailing Address
11305 S.E. GOMEZ AVENUE P.O. BOX 1065 HOBE SOUND FL 33455	11305 S.E. GOMEZ AVENUE P.O. BOX 1065 HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1963
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-0999157 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

G.R. FRENCH
11305 S E GOMEZ AVE
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FRENCH, G ROBB	1.2 NAME	
STREET ADDRESS	11305 SE GOMEZ AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	WHITAKER, ROBERT	2.2 NAME	Basham, John
STREET ADDRESS	8706 SE ALABAMA PLACE	2.3 STREET ADDRESS	8663 SE Fairwinds Way
CITY-ST-ZIP	HOBE SOUND, FL 00000	2.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PAUL PIERPOINT	3.2 NAME	
STREET ADDRESS	11185 SE GOMEZ AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	BRUSH, NORMAN	4.2 NAME	
STREET ADDRESS	3221 SE SLATER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. SALERNO FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, C.A.	5.2 NAME	
STREET ADDRESS	11305 SE GOMEZ AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GALE, WILLIAM	6.2 NAME	
STREET ADDRESS	15006 N.MARY ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ELGINBURG IN	6.4 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 if changed, or on an attachment with an address.

SIGNATURE: C.A. Lawrence - C. A. Lawrence Pres 2-2-95 407-546-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050814