

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **703485**

(3)

1. Corporation Name

FEA MINISTRIES, INC.



Principal Place of Business

**11305 S.E. GOMEZ AVENUE
HOBE SOUND FL 33455**

Mailing Address

**11305 S.E. GOMEZ AVENUE
HOBE SOUND FL 33455**

*Relat
Chy to*

3. Date Incorporated or Qualified

01/22/1962

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

P. O. Box 1065

4. FEI Number

59-0999157

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

Hobe Sound, FL 33475

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

Country

25

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAWRENCE, C.A.
11305 S E GOMEZ AVE
HOBE SOUND FL 33455**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

FRENCH, G.R.

11305 SE GOMEZ AVE

HOBE SOUND FL 33475

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

BASHAM, JOHN

8663 SE FAIRWINDS WAY

HOBE SOUND FL

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

TD

LAWRENCE, C.A. "SONNY"

11305 SE GOMEZ AVE

HOBE SOUND FL 33475

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

CD

PIERPOINT, PAUL

11305 SE GOMEZ AVE

HOBE SOUND FL 33475

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

BRUGGER, GARRY

6469 WESLEYAN CHURCH RD SW

PATASKALA OH 43062-8570

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

GALE, WILLIAM

15006 N. MARY ST.

ELGINBURG IN 46124

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change

☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

D

Stetler, Daniel

9555 SE Sunrise Way

Hobe Sound, FL 33455

☒ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

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, Treasurer

01/16/96

407-546-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)