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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
11305 S.E. GOMEZ AVENUE HOBE SOUND FL 33455	P.O. BOX 1065 HOBE SOUND FL 33475-1065 US

3. Date Incorporated or Qualified: 01/22/1962
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business
21: 11305 Gomez Ave
22: Suite, Apt. #, etc.
23: City & State: Hobe Sound, FL
24: Zip: 33455
25: Country: MARTIN

2a. Mailing Address
26: P.O. Box 1065
27: Suite, Apt. #, etc.
28: City & State: Hobe Sound, FL
29: Zip: 33475
30: Country: MARTIN

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FRENCH, G.R.		1.2 NAME	
STREET ADDRESS	11305 SE GOMEZ AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33475		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STETLER, DANIEL		2.2 NAME	
STREET ADDRESS	9555 S.E. SUNRISE WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, C.A. "SONNY"		3.2 NAME	
STREET ADDRESS	11305 SE GOMEZ AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33475		3.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PIERPOINT, PAUL		4.2 NAME	
STREET ADDRESS	11305 SE GOMEZ AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33475		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BRUGGER, GARRY		5.2 NAME	
STREET ADDRESS	6469 WESLEYAN CHURCH RD SW		5.3 STREET ADDRESS	
CITY-ST-ZIP	PATASKALA OH 43062-8570		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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 46124		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1-27-97 561-546-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #