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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703485

1. Corporation Name
FEA MINISTRIES, INC.

Principal Place of Business	Mailing Address
11305 S.E. GOMEZ AVENUE HOBE SOUND FL 33455 US	P.O. BOX 1065 HOBE SOUND FL 33475 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	01/22/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number. 59-0999157 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRENCH, G R 11305 S.E. GOMEZ AVENUE 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 _____ 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	CD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PIERPOINT, PAUL		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	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRUGGER, GARRY		4. 2 NAME	
STREET ADDRESS	6469 WESLEYAN CHURCH RD SW		4.3 STREET ADDRESS	
CITY-ST-ZIP	PATASKALA OH 43062-8570		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GALE, WILLIAM		5.2 NAME	
STREET ADDRESS	15006 N. MARY ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ELGINBURG IN 46124		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: x SIGNATURE PLEASE 1-5-98 561-546-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #