2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State
01-12-2000 90083 008 ****61.25

DOCUMENT # 703485

1. Entity 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 33475-1065 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0999157 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRENCH, G R 11305 S.E. GOMEZ AVENUE HOBE SOUND FL 33455	Name: Daniel Lee Street Address (P.O. Box Number is Not Acceptable): 11305 S.E. Gomez Avenue City: Hobe Sound FL Zip Code: 33455

8. 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: Daniel Lee *Daniel Lee* 01-04-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRENCH, G.R. 11305 SE GOMEZ AVE HOBE SOUND FL 33475	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Keaton, James Sr. 11305 SE Gomez Ave Hobe Sound, FL 33475	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STETLER, DANIEL 9555 S.E. SUNRISE WAY HOBE SOUND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hartle, Dale 38079 US Highway 36 Warsaw, OH 43844-9586	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PIERPOINT, PAUL 11305 SE GOMEZ AVE HOBE SOUND FL 33475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Olsen, Philip 441 Robin Lane Vestal, NY 13850	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUGGER, GARRY 6469 WESLEYAN CHURCH RD SW PATASKALA OH 43062-8570	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALE, WILLIAM 15006 N. MARY ST. ELGINBURG IN 46124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul E Pierpoint* PAUL E PIERPOINT Paul E. Pierpoint Board Chairman 01-04-00 (561)546-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #