

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2004
Secretary of State**

DOCUMENT# 703485

Entity Name: FEA MINISTRIES, INC.

Current Principal Place of Business:

11305 S.E. GOMEZ AVENUE
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1065
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 59-0999157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, DANIEL
6085 S.E. CIRCLE STREET
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEATON, JAMES SR.
Address: 11305 SE GOMEZ AVE
City-St-Zip: HOBE SOUND, FL 33475

Title: D () Delete
Name: STETLER, DANIEL
Address: 9555 S.E. SUNRISE WAY
City-St-Zip: HOBE SOUND, FL

Title: CD () Delete
Name: PIERPOINT, PAUL
Address: 11305 SE GOMEZ AVE
City-St-Zip: HOBE SOUND, FL 33475

Title: SD () Delete
Name: HARTLE, DALE
Address: 38079 US HWY 36
City-St-Zip: WARSAW, OH 438449586

Title: VP () Delete
Name: LEE, DANIEL
Address: 6085 SE CIRCLE ST
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: OLSEN, PHILLIP
Address: 441 ROBIN LN
City-St-Zip: VESTAL, NY 13850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL LEE

VP

01/19/2004

Electronic Signature of Signing Officer or Director

_____ Date