


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90379 024 ****70.00

DOCUMENT # N14840

1. Entity Name
GOD'S CHOSEN FAST MINISTRIES, INC.



Principal Place of Business Mailing Address

~~5629 OAK PLACE~~
~~BETHESDA MD 20817~~
~~US~~

P.O BOX 1696
FREDRICKSBURG VA 22402
US

2. Principal Place of Business 3. Mailing Address

111 HILL CIRCLE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

LEESBURG, FL

Zip Country Zip Country

34788 **USA**

4. FEI Number **59-2721255** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JORDAN, DONNA S
837 FAIRFAX DR.
PT. CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCANN, JAMES	
STREET ADDRESS	5629 OAK PLACE	
CITY-ST-ZIP	BETHESDA MD 20817-3525	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARKER, MICHAEL	
STREET ADDRESS	13 JEWEL ST	
CITY-ST-ZIP	BRENTWOOD NY 11717	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCANN, SANDRA	
STREET ADDRESS	5629 OAK PLACE	
CITY-ST-ZIP	BETHESDA MD 20817-3525	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FORTNER, STEVEN	
STREET ADDRESS	13345 PACKARD DR	
CITY-ST-ZIP	DALE CITY VA 22193-3915	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	111 HILL CIRCLE	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	111 HILL CIRCLE	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *STEVEN J. FORTNER* **1/8/03** **540-899-2243**

CR2E037 (10/02)