
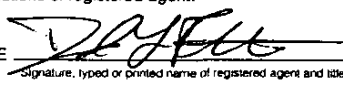
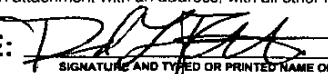


FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90072 039 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 703485					
1. Entity Name FEA MINISTRIES, INC.					
Principal Place of Business 11305 S.E. GOMEZ AVENUE HOBE SOUND, FL 33455 US			Mailing Address P.O. BOX 1065 HOBE SOUND, FL 33475 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0999157	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEE, DANIEL 6085 S.E. CIRCLE STREET HOBE SOUND, FL 33455				Name FULTON, DAVID L	
				Street Address (P.O. Box Number is Not Acceptable)	
				11461 SE ELLA AVE	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  David L. Fulton				01-13-06	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEATON, JAMES SR. 11305 SE GOMEZ AVE HOBE SOUND, FL 33475 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRANT, SIDNEY 9114 SE MORNING ST HOBE SOUND, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STETLER, DANIEL 9555 S.E. SUNRISE WAY HOBE SOUND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STETLER, DANIEL 8858 SE KINGSLEY ST HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PIERPOINT, PAUL 11305 SE GOMEZ AVE HOBE SOUND, FL 33475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERPOINT, PAUL 8805 SE ALABAMA PL HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARTLE, DALE 38079 US HWY 36 WARSAW, OH 438449586 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, DANIEL 6085 SE CIRCLE ST HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULTON, DAVID L 11461 SE ELLA AVE HOBE SOUND, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, PHILLIP 441 ROBIN LN VESTAL, NY 13850 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, PHILIP 4880 SE MARINER VILLAGE LN STUART, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  David L. Fulton				01-13-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	