

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2007 08:00 AM
Secretary of State

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



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

FULTON, DAVID L
11461 SE ELLA AVE
HOBE SOUND, FL 33455

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GRANT, SIDNEY
STREET ADDRESS	9114 SE MORNING ST
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D
NAME	STETLER, DANIEL
STREET ADDRESS	8858 SE KINGSLEY ST
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	PD
NAME	STETLER, DANIEL
STREET ADDRESS	8858 SE KINGSLEY ST
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	SD
NAME	HARTLE, DALE
STREET ADDRESS	38079 US HWY 36
CITY-ST-ZIP	WARSAW, OH 438449586
TITLE	VP
NAME	FULTON, DAVID L
STREET ADDRESS	11461 SE ELLA AVE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D
NAME	OLSEN, PHILLIP
STREET ADDRESS	4880 SE MARINER VILLAGE LN
CITY-ST-ZIP	STUART, FL 34997

1100000582131
01/11/07-80019-014 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L FULTON

01/05/07 (722) 546-1113

Date

Daytime Phone #