

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703485

FILED
Jan 28, 2009
Secretary of State

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:

DYKES, JOHN F
9187 SE HARMONY WAY
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: P () Delete
Name: GRANT, SIDNEY
Address: 11462 SE ELLA AVE
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: STETLER, DANIEL
Address: 8858 SE KINGSLEY ST
City-St-Zip: HOBE SOUND, FL 33455

Title: PD () Delete
Name: STETLER, DANIEL
Address: 8858 SE KINGSLEY ST
City-St-Zip: HOBE SOUND, FL 33455

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

Title: VP () Delete
Name: DYKES, JOHN F
Address: 9187 SE HARMONY WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: OLSEN, PHILLIP
Address: 4880 SE MARINER VILLAGE LN
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRANT, SIDNEY
Address: 3905 SE WALNUT PLACE
City-St-Zip: STUART, FL 34997

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

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

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 exemption stated 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 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: JOHN F DYKES

RA

01/28/2009

Electronic Signature of Signing Officer or Director

Date