

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723250

1. Entity Name

FENTON MOORHEAD EVANGELISTIC ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90021 019 ****61.25

Principal Place of Business

Mailing Address

% DONALD PAGAN, CPA
113 LANDINGS BLVD.
WEST PALM BEACH FL 33413
US

% DONALD PAGAN, CPA
113 LANDINGS BLVD.
WEST PALM BEACH FL 33413-2027
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7219520

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGAN, DONALD
113 LANDINGS BLVD.
WEST PALM BEACH FL 33413

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.

SIGNATURE

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

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME MOORHEAD, JAMES
STREET ADDRESS 4927 SHILOH LAKE DR.
CITY-ST-ZIP RICHMOND TX 77469 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME MOORHEAD, FENTON
STREET ADDRESS 4927 SHILOH LAKE DR.
CITY-ST-ZIP RICHMOND TX 77469 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME MOORHEAD, MARY R.
STREET ADDRESS 4927 SHILOH LAKE DR.
CITY-ST-ZIP RICHMOND TX 77469 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HOLDEN, J.T.
STREET ADDRESS 495 TREXLER LOOP ROAD
CITY-ST-ZIP SALISBURY NC ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HARDY, AMY A.
STREET ADDRESS 316 RIVERSIDE CHESE CIR.
CITY-ST-ZIP GREER SC ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 281 242 7417

CR2E037 (9/99)