

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2001 08:00 AM
Secretary of State

DOCUMENT # 723250

1. Entity Name
FENTON MOORHEAD EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business % DONALD PAGAN, CPA 113 LANDINGS BLVD. WEST PALM BEACH 33413 US	FL	Mailing Address % DONALD PAGAN, CPA 113 LANDINGS BLVD. WEST PALM BEACH 33413 US	FL
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2. Principal Place of Business % CURT DODD	3. Mailing Address % CURT DODD
Suite, Apt. #, etc. 1270 ISLAND DRIVE	Suite, Apt. #, etc. 1270 ISLAND DRIVE
City & State MERRITT ISLAND FL	City & State MERRITT ISLAND FL

DO NOT WRITE IN THIS SPACE

Zip 32953	Country US	Zip 32953	Country US
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4. FEI Number 23-7219520	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
DODD CURT
Street Address (P.O. Box Number is Not Acceptable)
1270 ISLAND DRIVE
City
MERRITT ISLAND FL Zip Code
32953

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 **CURT DODD** DATE **08/23/2001**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, AMY A. 316 RIVERSIDE CHESE CIR. GREER SC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDEN, J.T. 495 TREXLER LOOP ROAD SALISBURY NC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORHEAD, MARY R. 4927 SHILOH LAKE DR. RICHMOND TX 77469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORHEAD, FENTON 4927 SHILOH LAKE DR. RICHMOND TX 77469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORHEAD, JAMES 4927 SHILOH LAKE DR. RICHMOND TX 77469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **FENTON MOORHEAD** PRES 08/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)