2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 723250

Entity Name: FENTON MOORHEAD EVANGELISTIC ASSOCIATION, INC.

FILED Jan 17, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: %CURT DODD 1270 ISLAND DRIVE MERRITT ISLAND, FL 32953 US **New Mailing Address: Current Mailing Address:** % CURT DODD 1270 ISLAND DRIVE MERRITT ISLAND, FL 32953 US FEI Number: 23-7219520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DODD, CURT 1270 IŚLAND DRIVE MERRITT ISLAND, FL 32953 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOORHEAD, JAMES, Name: Name: 4927 SHILOH LAKE DR. Address: Address: City-St-Zip: RICHMOND, TX 77469 City-St-Zip: Title: () Delete Title: () Change () Addition MOORHEAD, FENTON, Name: Name: Address: 4927 SHILOH LAKE DR. Address: City-St-Zip: RICHMOND, TX 77469 City-St-Zip: Title: () Delete Title: () Change () Addition MOORHEAD, MARY R., Name: Name: 4927 SHILOH LAKE DR. Address: Address: City-St-Zip: RICHMOND, TX 77469 City-St-Zip: () Delete Title: Title: () Change () Addition Name: HOLDEN, J.T. Name: 495 TREXLER LOOP ROAD Address: Address: City-St-Zip: SALISBURY, NC City-St-Zip: Title: () Delete Title: (X) Change () Addition HARDY, AMY A., HARDY, AMY A., Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

17 BRAELOCK CT

GREENVILLE, SC 29615

SIGNATURE: FENTON MOORHEAD P 01/17/2002

316 RIVERSIDE CHESE CIR.

GREER, SC

Address:

City-St-Zip: