2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # F0100002585

1. Entity Name

Principal Place of Business

FOUNDATION FOR ASSISTING CHURCH INSTITUTIONS OVE RSEAS, INC.



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90179 050 ****61.25

246 HOLLY RD VERO BEACH FL 32963				246 HOLLY RD VERO BEACH FL 32963									
			12										
2. Principal Place of Business			3. Maili	3. Mailing Address *									
Suite, Apt.	#, etc.		Suit	te, Apt. #, etc.					CHECK HER	E IF MAKII	NG CHANGES	3	
City & State			City	City & State			4. FEIN	4. FEI Number 13-3314677				Applied For Not Applicable	
Zip Country			Zip	Zip		Country		5. Certificate of Status Desired \$8.75 Additional Status Desired \$8.75 Eee.Required					1
	6. Name	and Address of Curre	nt Registered	d Agent	<u> </u>	<u>-</u>	7. Nam	e and Add	dress of New	Registere			1
						Name				. 			7
HOLMES, EDWARD A 246 HOLLY RD				Street Address			ess (P.O. Box N	s (P.O. Box Number is Not Acceptable)					
	ACH FL 329	963				,							1
						City				F	Zip Cod	de	1
	tions of registi	submits this statement ered agent.	t for the purpo	se of changing its	registere	d office or reg	istered agent,	or both, in	n the State of F	Florida, lad	m familiar with	, and accept	
OIGIVITOTIE		or printed name of registered ag	ent and title if appli	cable. (NOTE	: Registered	Agent signature re	quired when reinstat	ing)		DATE			
	FILE NOW	: FEE IS \$61.25		9. Election Cam Trust Fund Co			\$5.00 Added to	May Be Fees			ck Payable artment of		
		•											1
10.		OFFICERS AND I	DIRECTORS		11.		ADDITION	S/CHANG	ES TO OFFIC	ERS AND	DIRECTORS II	N 10	1
10.	PCD		DIRECTORS	☐ Delete	11.		ADDITION	S/CHANG	GES TO OFFIC	ERS AND	DIRECTORS IN	N 10	3
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25-1-07

972-231-9644