


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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90244 028 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000007687	
<b>1. Entity Name</b> FRIENDS OF EVANGELICAL MINISTRIES OF THE AMERICA S, INC.	

<b>Principal Place of Business</b> 11505 E BROADWAY MANGO FL 33550	<b>Mailing Address</b> PO BOX 428 MANGO FL 33550 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-2602813	Applied For
	Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
FULLER, KENNETH G 11505 E. BROADWAY MANGO FL 33550

<b>7. Name and Address of New Registered Agent</b>
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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
D	WARNER, HAROLD W 9154 CR 647C BUSHNELL FL 33513
D	MONTOYA, CARLOS W PAARTADO POSTAL 199 SIGUATEPEQUE COMAYAGUA HONDURAS CC
D	FREDRICKS, GEORGE L PAARTADO POSTAL 199 SIGUATEPEQUE COMAYAGUA HONDURAS CC
D	FULLER, KENNETH G P O BOX 428 MANGO FL 33550

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	Brian Shealy 724 South Glencreek Boulevard Burbank, California 91502

**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:** \_\_\_\_\_ **4-7-03** **813-681-5796**

CR2E037 (10/02)