

## ANNUAL REPORT

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90003 039 \*\*\*\*61.25



DOCUMENT # N01000007431

1. Entity Name  
**FEARFULLY AND WONDERFULLY MADE MINISTRIES, INC.**

Principal Place of Business  
**2820 CARVER AVE**  
**CRESTVIEW, FL 32539**

Mailing Address  
**PO BOX 811**  
**FT WALTON BEACH, FL 32549-0811**

2. Principal Place of Business

3. Mailing Address

119 Hollywood Blvd.

Suite, Apt. #, etc.

Suite # 206

City &amp; State

+ Walton Beach, FL 32548

Zip

32548

Country

US

Suite, Apt. #, etc.

City &amp; State

Zip

Country

02232004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3718068**

Applied For

Not Applicable

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

**MCDONALD, VANESSA**  
**69 STOWE ROAD**  
**MARY ESTHER, FL 32569**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

09-07-04

Filing Fee is \$61.25  
 Due by May 1, 2004

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

Make check payable to  
 Florida Department of State

## OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	CHANGE	ADDITION
DPC	MCDONALD, VANESSA	69 STOWE ROAD	MARY ESTHER, FL 32569	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	MCINTOSH, CAROLYN	2328 E 70TH PLACE	CHICAGO, IL 60649	<input checked="" type="checkbox"/>	DV	Erma L. Newell	19 Red Pine Lane	Laurel, MS 39443	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DST	RAY, DEBRA L	918 VITA LANE	FT. WALTON BEACH, FL 32547	<input checked="" type="checkbox"/>	DST	Williams, Mary A.	33 Harbeson Ave N.E.	FT. Walton Beach, FL 32548	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: