

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14840

1. Entity Name

GOD'S CHOSEN FAST MINISTRIES, INC.

Principal Place of Business

5629 OAK PLACE  
BETHESDA MD 20817  
US

Mailing Address

5629 OAK PLACE  
BETHESDA MD 20817-3525  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2721255

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

JORDAN, DONNA S  
837 FAIRFAX DR.  
PT. CHARLOTTE FL 33948

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MCCANN, JAMES  
STREET ADDRESS 5629 OAK PLACE  
CITY-ST-ZIP BETHESDA MD

☐ Delete

TITLE VD  
NAME CHASTAIN ROBB  
STREET ADDRESS 13280 WATERLOO RD.  
CITY-ST-ZIP WAYNESBORO PA

☒ Delete

TITLE TD  
NAME MCCANN, SANDRA  
STREET ADDRESS 5629 OAK PLACE  
CITY-ST-ZIP BETHESDA MD 20817-3525

☐ Delete

TITLE SD  
NAME FORTNER, STEVEN  
STREET ADDRESS 13345 PACKARD DR  
CITY-ST-ZIP DALE CITY VA 22193-3915

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE PD  
NAME McCann, James  
STREET ADDRESS 5629 Oak Place  
CITY-ST-ZIP Bethesda MD 20817-3525

☒ Change ☐ Addition

TITLE VD  
NAME Parker, Michael  
STREET ADDRESS 13 Jewel Street  
CITY-ST-ZIP Brentwood NY 11717

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90078 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)