

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90175 039 \*\*\*\*70.00

**DOCUMENT # N14840**

1. Entity Name

**GOD'S CHOSEN FAST MINISTRIES, INC.**

Principal Place of Business

Mailing Address

5629 OAK PLACE  
 BETHESDA MD 20817  
 US

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

Fredericksburg VA

Zip

Country

Zip

Country

22402

U.S.

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. 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

**After September 13, 2002,  
 min. will be \$236.25.**

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 ☐ Delete  
 NAME MCCANN, JAMES  
 STREET ADDRESS 5629 OAK PLACE  
 CITY-ST-ZIP BETHESDA MD 20817-3525

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME PARKER, MICHAEL  
 STREET ADDRESS 13 JEWEL ST  
 CITY-ST-ZIP BRENTWOOD NY-11717

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 of Secretary*

7/22/02 540-899-2243

CR2E037 (4/02)

Attachment

God's Chosen Fast Ministries (GCFM)  
P.O. Box 1696  
Fredericksburg, V 22402  
Phone: 540-899-2243 Fax: 540-899-0161

#N14840

675512

July 22, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Attn: UBR Representative

Dear Sir/Madam:

Enclosed is the completed 2002 Uniform Business Report (UBR) for God's Chosen Fast Ministries. Also enclosed is check for \$70.00, which includes \$8.75 for Certificate of Status.

Please note that I originally submitted the completed 2002 UBR via certified mail on 1 May 2002. Last week when I reviewed the submitted report, I realized that it was mailed to the wrong P.O. Box. It was sent to P.O. Box 6327 vice P.O. Box 1500. Attached is a copy of the previously submitted report with certified receipt detailing the incorrect Box number.

If you have a questions please contact the undersigned at your convenience.

Very truly yours,



Steven J. Fortner  
Secretary GCFM

RECEIVED  
JUL 23 2002  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32302-1500

Attachment # N14840/678512  
Copy of PREVIOUSLY Submitted (5/1/02)  
2000 UBR Sent to INCORRECT ADDRESS.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)


7001 0220 0005 2548 4544

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
Florida Dept. of State  
Division of Corps. - P.O. Box 6327  
Tallahassee, Fla. 32314

PS Form 3800, January 2001 See Reverse for Instructions

Attachment # N14840/675812

GOD'S CHOSEN FAST MINISTRIES, INC. - 10-96-		512
5629 OAK PL - 301-530-6129 P.O. Box 1696		
BETHESDA, MD 20817		
Fredericksburg VA 22402	Date 4/22/2002	7-163/520 MD 2185
Pay to the Order of FL Department of State	\$61 <sup>25</sup>	
Sixty One and 25/100	Dollars	
<b>NationsBank</b>		
NationsBank, N.A.		
replaces ch. # 498 1/19/2002		
ACH R/T 052001633		
Account Doc. # N14840		
For FEI # 59-2721255		
Virginia B. McHenry		
⑆052001633⑆ 003933911441⑆ 0512		

© Charles American

GUARDIAN SAFETY BLUE INK

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

*Attachment*

DOCUMENT # *N14840/675512*  
1. Entity Name  
*God's Chosen Fast Ministries, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*10710 Columbia Dr.*  
Suite, Apt. #, etc.

3. Mailing Address  
*P.O. Box 1696*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Fredericksburg VA*  
Zip  
*22408* Country  
*U.S.*

City & State  
*Fredericksburg VA*  
Zip  
*22408* Country  
*U.S.*

4. FEI Number  
*59-2721255*  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name *Donna S. Jordan*  
Street Address (P.O. Box Number is Not Acceptable)  
*837 Fairfax Terr.*  
City *Port Charlotte FL* Zip Code *33948*

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 *Donna S. Jordan*  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT JAMES McCANN 111 Hill Circle Leesburg, FL 34788-2649</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VICE PRESIDENT MICHAEL PARKER 13 JEWEL ST. BRENTWOOD, NY 11717</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TREASURER SANDRA McCANN 111 Hill Circle Leesburg, FL 34788-2649</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>STEVEN FORTNER SECRETARY 13345 PACKARD DR. DALE CITY, VA 22193</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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*5/1/02 540-899-2243*