## 2003 NOT-FOR-PROFIT CORPORATION

## FILED Jan 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N14840** 1. Entity Name 01-27-2003 90379 024 \*\*\*\*70.00 GOD'S CHOSEN FAST MINISTRIES, INC. Principal Place of Business Mailing Address ייעוטטן 5629 OAK PHACE P.O BOX 1696 FREDRICKSBURG VA 22402 BETHE80A MD 20817 3. Mailing Address CIRCLE Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES LEES BURG City & State 4. FEI Number 59-2721255 Applied For Not Applicable Zip Country \$8.75 Additional 3 2788 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent \_ 7. Name and Address of New Registered Agent Name JORDAN, DONNA S Street Address (P.O. Box Number is Not Acceptable) 837 FAIRFAX DR. PT. CHARLOTTE FL 33948 City 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. SIGNATUŔE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Addition NAME MCCANN, JAMES NAME 111 HILL CIRCLE STREET ADDRESS 5629 OAK-PLACE STREET ADDRESS LEESBURY, FL 34788 CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20817-3525 ☐ Delete TITLE ☐ Change Addition PARKER, MICHAEL NAME STREET ADDRESS 13 JEWEL ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP: --**BRENTWOOD NY 11717** ☐ Delete MCCANN, SANDRA NAME III HILL CIRCLE LEES BURY, FL 34788 NAME 5629 OAK PLACE -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20817-3525 TITLE ☐ Delete TITLE ☐ Addition NAME FORTNER, STEVEN NAME STREET ADDRESS 13345 PACKARD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALE CITY VA 22193-3915 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in stee 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 atta

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

STEVEN J. FORTHER

☐ Delete

540.899-2243

☐ Change

☐ Addition