

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90009 010 ****65.25

DOCUMENT # N95000005322

1. Entity Name

FAITH MINISTRIES BELGIUM, INCORPORATED

f

Principal Place of Business

Mailing Address

853 BROOKSON AVENUE N.W.
 PALM BAY FL 32907

P O BOX 61678
 PALM BAY FL 32906
 US

A0072360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5645 Pineyridge Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

4. FEI Number

59-3375538

Applied For

Not Applicable

Zip

32808

Country

Zip

Country

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

PRAVER, ROY A
1701 S. WASHINGTON AVENUE
TITUSVILLE FL 32780

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
After September 13, 2000 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 NAME | PD LONEY, SANDRA G | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 853 BROOKSON AVENUE N.W. PALM BAY FL 32907 | |
| TITLE NAME | TSD LONEY, LORING F | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 853 BROOKSON AVENUE N.W. PALM BAY FL 32907 | |
| TITLE NAME | T LONEY, WINFIELD | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 5645 PINEY RIDGE DR ORLANDO FL 32808 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 Aug 00

Date

Daytime Phone #

CR2E037 (5/00)