DOCUMENT # N950000005322         FATH MINISTRIES BELGIUM, INCORPORATED         Vertication         Vertication         Process         Mailing Address         Process         Mailing Address         Process         Process         Process         Bailing Address         Process         Bailing Address         Process         Bailing Address         <	2000	UNIFORM BUS	NESS REPO	RT (UB	R)		TI	FD		
OB-10-2000 90000 010 ****65.25  OB-10-2000 90000 010 ****65.25  AUU / 4 3 42 U  AUU / 4 3 42						FILED Aug 10, 2000 8:00 am				
Principal Place of Businese       Mailing Address         SS BROOKSON MARE NW.       P OF DX R ERE         PAME BAY R. 13207       Bull N R. 1 3225         Suite, Apt. A, etc.       Suite, Apt. A, etc.         Suite, Apt. A, etc.       Suite, Apt. A, etc.         OP (X ANDO, Choir Carrow Registered Agent       Inter April 1000 (States)         Suite, Apt. A, etc.       Suite, Apt. A, etc.         OP (X ANDO, Choir Carrow Registered Agent       Inter April 1000 (States)         State, Apt. A, etc.       Country         Suite, Apt. A, etc.       Country         Suite, Apt. A, etc.       Suite, Apt. A, etc.         OP (X ANDO, Choir Carrow Registered Agent       Name         An and Address of New Registered Agent       State         This S WASHINGTON ArCHUE       State Address (PO). Box Number (State Agent Agent         This S WASHINGTON ArCHUE       State Address (PO). Box Number (State Agent	-				<b>F</b> Secretary of State			ate		
BUT PROJECT IN  BUT PLANE AND PLANE IN  PLANE		۰ <u>۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ ۰ </u>	·····				08-10-2000 900	009 010 ****6:	5.25	
PALE BAY FL 3250       PALE BAY FL 3250         Sills APL A 2507       PALE BAY FL 3250         Sills APL A 000:       Solids APL 4 000:         COL 45 Sills       Solids APL 4 000:         Solids APL 4 000:       Country         Solids APL 4 000:       Country         Solids APL 4 000:       Solids APL 4 000:         Solids APL 4 000:       Solids APL 4 000:         Solids APL 4 000:       Country         Solids APL 4 000:       Solids APL 4 000:	· ·		-							
Solure, per Lange         Down of Write IN THIS SPACE           City & State         City & State         Applied For           City & State         Country         Zp         Country         Sp-3375538         Applied For           City & State         Country         Zp         Country         Sp-3375538         Applied For           City & State         Country         Sp-3375538         Applied For         Name and Address of Current Registered Agent         Name and Address of Current Registered Agent         Name and Address of Current Registered Agent         Name and Address of Name Registered Agent         Name address of Name Agent agen			PALM BAY FL 32906				AUU	12324		
Solure, per Lange         Down of Write IN THIS SPACE           City & State         City & State         Applied For           City & State         Country         Zp         Country         Sp-3375538         Applied For           City & State         Country         Zp         Country         Sp-3375538         Applied For           City & State         Country         Sp-3375538         Applied For         Name and Address of Current Registered Agent         Name and Address of Current Registered Agent         Name and Address of Current Registered Agent         Name and Address of Name Registered Agent         Name address of Name Agent agen	2 Drinning (	Noos of Dusingso								
City & State         Oty & State         Oty & State         City & State         Oty & State	5645 PINEYRIDGE DY.					T TERRITOL OLD TOTAL ATTAL ADDRT COLLINGTON COLLINGTON ATTACK ATTECT AND A COLLING ADDR				
OPELAMAD C (Country     Zp     Country     Storappication       32     SOS     Country     6. Certificate of Status Desired     9. Factoreal       32     SOS     Country     6. Certificate of Status Desired     9. Factoreal       37     Name and Address of Current Registered Agant     7. Name and Address of New Registered Agant     7. Name and Address of New Registered Agant       7     Name and Address of Current Registered Agant     7. Name and Address of New Registered Agant     7. Name and Address of New Registered Agant       7015     S. WASHINGTON AVENUE     Street Address (PC. Box Number is Not Acceptable)     FL     Zip Code       8. The above named entity submits this statement for the purpose of changing fix registered agent, or both, in the state of Florida.     FL     Zip Code       8. The above named entity submits this statement for the purpose of changing fix registered agent, or both, in the state of Florida.     Make Chick Payable to Department of State       Store FLE NOW: FEE IS \$51.25       11. AdDit IONS/CHANGES TO OFFICERS AND DIMECTORS IN 10       Title NOW: FEE IS \$51.25       10. OFFICERS AND DIMECTORS       11. AdDit IONS/CHANGES TO OFFICERS AND DIMECTORS IN 10       Title NOW: FEE IS \$50.26       10. OFFICERS AND DIMECTORS       11. AdDit IONS/CHANGES TO OFFICERS AND DIMECTORS IN 10       Stat Addite	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
The accurate and Address of New Registered Agent         Name and Address of New Registered Agent         St. Centificate of Statub Desired         St. To Address           0         6. Name and Address of Current Registered Agent         Name         Name and Address of New Registered Agent         St.			City & State			E0_227EE20			-	
S. Name and Address of New Registered Agent			Zip Country			5 Certificate of Status Desired S8.75 Additional			litional	
PRAVER, ROY A 1701 S. WASHINGTON AVENUE TITUSVILLE FL 32700       Name         Street Address (P.O. Box Number is Not Acceptable)       Cfr       FL       Zip Code         A. The above named entity submits this statement for the purpose of changing its regulatered office or registered agent, or both, in the state of Florida.       Cfr       FL       Zip Code         SIGMATURE       The above named entity submits this statement for the purpose of changing its regulatered office or registered agent, or both, in the state of Florida.       DIE         SIGMATURE       The above named entity submits this statement for the purpose of changing its regulatered office or registered agent, or both, in the state of Florida.       DIE         SIGMATURE       The above named entity submits this statement for the purpose of changing its regulatered office or registered agent, or both, in the state of Florida.       DIE         SIGMATURE       The State fund Contribution       DIE       Make Check Payabile to Department of State         10.       OPERCERS AND DIRECTORS       11.       ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 10.       Distree nooness Signature and signature agent and addition with wee state nooness       Signature agent addition with wee state nooness       Change       Addition <td>0200</td> <td></td> <td>legistered Agent</td> <td></td> <td></td> <td>•</td> <td></td> <td>Fee Require</td> <td>1</td>	0200		legistered Agent			•		Fee Require	1	
		Na								
City     FL     Zip Code       8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.     SIGNATURE       Burdule, typed or presonance of adjusted agent and the interchange.     ONCTE Regressed Agent spraker registered agent, or both, in the state of Florida.       SIGNATURE     Burdule, typed or presonance of adjusted agent and the interchange.     ONCTE Regressed Agent spraker registered agent, or both, in the state of Florida.       SIGNATURE     Burdule, typed or presonance of adjusted agent agent, or both, in the state of Florida.     DOTE       FILE NOW; FEE IS \$51.25 <ul> <li>Deletion Campaign Financing</li> <li>State fund Contribution.</li> <li>Deletion Campaign Financing</li> <li>Added to Frees</li> <li>Deletion Campaign Financing</li> <li>State fund Contribution.</li> <li>Deletion Campaign Financing</li> <li>State fund Contribution.</li> <li>Deletion Campaign Financing</li> <li>State fund Contribution.</li> <li>Deletion Campaign Financing</li> <li>State fundoess</li> <li>State fundoess</li></ul>	1701 S. WASHINGTON AVENUE			Street A	Street Address (P.O. Box Number is Not Acceptable)					
		E FL 32780		City				Zip Code	•	
SIGNATURE		named entity submits this statement for	the purpose of changing its re	eaistered office o	r register	ed agent, or bot	h, in the state of Florida.			
Bigraume, speed or primeric name of vegrament agent and tell of applicable.     (MOTE: Regelatione Agent egrament and minimizating)     Date      FILE NOW: FEE IS \$61.25     After September 13, 2000 min. will be \$236.25     Press International Comparison Financing     Street Address     Stree	`.	,, ,		-g						
FILE NOW: FEE IS \$61.25       9. Election Campaign Financing       \$55.00 May Bo       Make Check Payable to         After September 13, 2000 min. will be \$236.25       9. Election Campaign Financing       \$55.00 May Bo       Make Check Payable to       Department of State         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       Inc.         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       Inc.       Change       Addition         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       Inc.       Change       Addition         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       Inc.       Change       Addition         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       Inc.       Inc.       Inc.       Inc.         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       Inc.       Inc.       Inc.       Inc.         11.       ADDITIONS/CHANCES TO OFFICERS AND DIRECTORS IN 10       Inc.       I	SIGNATURE									
FILE NOW: FEE IS \$81.25       9. Election Campaign Financing       \$5,00 May Ba       Make Check Payable to Department of State         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10         ITLE       PD       ITLE       Added to Fees       Incertain and the second and the s	1	Signature, typed or printed name of registered agent a	nd utie if applicable. (NOTE: F	Registered Agent signa	ture required	when reinstating)	. [	DATE		
ITTLE       PD       Delete       TTLE       MAME       Change       Addition       000000000000000000000000000000000000		FILE NOW: FEE IS \$61.25	9, Election Campa				Make Ch		میر ، حس	
STREET ADDRESS STREET	10.		ECTORS	11.	A	DDITIONS/CH/	ANGES TO OFFICERS AN	ND DIRECTORS IN		
STREET ADDRESS       S53 BROOKSON AVENUE N.W.       STREET ADDRESS       CTT' -ST - 2P       CTT' - ST - 2P	TITLE NAME		Delete					Change		
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	STREET ADDRESS	853 BROOKSON AVENUE N.W.							E037	
STREET ADDRESS CITY-ST-ZIP       SS3 BROOKSON AVENUE N.W. PALM BAY FL 32907       STREET ADDRESS CITY-ST-ZIP         TITLE       T       Delete       TITLE         NAME       LONEY, WINFIELD       NAME         STREET ADDRESS       S645 PINEY RIDGE DR       CITY-ST-ZIP         ORLANDO FL 32808       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       ORLANDO FL 32808       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       NAME       STREET ADDRESS         CITY-ST-Z	TITLE		Delete					Change	Addition	
CITY-ST-2IP       PALM BAY FL 32907       CITY-ST-2IP         TITLE       T       Delete       TITLE         NAME       LONEY, WINFIELD       NAME         STRET ADDRESS       5645 PINEY RIDGE DR       STRET ADDRESS         ORLANDO FL 32808       CITY-ST-2IP         ORLANDO FL 32808       CITY-ST-2IP         ITTLE       Delete       TITLE         NAME       STRET ADDRESS       CITY-ST-2IP         ORLANDO FL 32808       CITY-ST-2IP         ITTLE       Delete       TITLE         NAME       STRET ADDRESS	NAME									
NAME       LONEY, WINFIELD       NAME         STRET ADDRESS       STRET ADDRESS         CITY-ST-2IP       ORLANDO FL 32808         TITLE       Delete         NAME       STRET ADDRESS         CITY-ST-2IP       Delete         TITLE       NAME         STRET ADDRESS       STRET ADDRESS         CITY-ST-2IP       Delete         TITLE       NAME         STRET ADDRESS       STRET ADDRESS         CITY-ST-2IP       CITY-ST-2IP         TITLE       Delete         NAME       STRET ADDRESS         CITY-ST-2IP       CITY-ST-2IP         TITLE       Delete         NAME       STRET ADDRESS         CITY-ST-2IP       CITY-ST-2IP         TITLE       NAME         STRET ADDRESS       CITY-ST-2IP         TITLE       NAME         STRET ADDRESS       CITY-ST-2IP         TITLE       NAME         STRET ADDRESS       STRET ADDRESS         CITY-ST-2IP       CITY-ST-2IP         TITLE       NAME         STRET ADDRESS       STRET ADDRESS         CITY-ST-2IP       CITY-ST-2IP         TITLE       NAME         S	CITY-ST-ZIP									
STREET ADDRESS       5645 PINEY RIDGE DR ORLANDO FL 32808       STREET ADDRESS CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         STREET ADDRESS       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         CITY-ST-ZIP       Delete       TITLE         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         T1       Delete       TITLE <td>TITLE</td> <td></td> <td>Delete</td> <td></td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td>	TITLE		Delete					Change	Addition	
OTENNING TE OLOGO       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Addition         TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         TITLE       Delete       TITLE       Change       Addition       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       Addition         TITLE       Delete       TITLE       Change       Addition       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition       Change       Addition         TITLE       Delete       TITLE       NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         TITLE       NAME       S	STREET ADDRESS	-								
NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       Change         Addition         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Delete       TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP </td <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32808</td> <td></td> <td></td> <td></td> <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td>Addition</td>	CITY-ST-ZIP	ORLANDO FL 32808					· · · · · · · · · · · · · · · · · · ·		Addition	
CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         NAME       TITLE         NAME       NAME         STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE:       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE:       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         T12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), 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 thi	NAME							L_ Change		
NAME       STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       Integration       Integration         TITLE       Integration       Integration         NAME       Integration       Integration         STREET ADDRESS       Integration       Integration         CITY-ST-ZIP       Integration       Integration         STREET ADDRESS       Integration       Integration         CITY-ST-ZIP       Integration       Integration         TAME       STREET ADDRESS       Integration         CITY-ST-ZIP       Integration       Integration         Table       Integration       Integration         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 of 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 of director of the corporation or the receiver or trustee empowered to execute this report of supplemental report or suprepresente to execute this report or suprepresenter of the strue o	STREET ADORESS CITY-ST-ZIP									
STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       Intrest         Intrest       Delete         TITLE       Intrest         NAME       Intrest         STREET ADDRESS       Intrest         CITY-ST-ZIP       Intrest         Intrest       Intret <td>TITLE</td> <td></td> <td>Delete</td> <td></td> <td></td> <td></td> <td></td> <td>🗌 Change</td> <td>Addition</td>	TITLE		Delete					🗌 Change	Addition	
TITLE       Delete       TITLE       Change       Addition         NAME       NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         12. I hereby certify that the information supplied with this filling 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	NAME STREET ADDRESS	-								
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	CITY-ST-ZIP			CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE	1				-		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	STREET ADDRESS			STREET ADDRESS						
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		certify that the information supplied with	this filing does not qualify for th		ted in Ser	ction 119.07(3)(i	) Florida Statutes I furthe	er certify that the in	formation	
$a = a = \frac{1}{2} \left[ \frac{1}{2} + \frac{1}{$	indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empoy	true and accurate and that my wered to execute this report as	signature shall h	have the s	ame legal effect	t as if made under oath: fl	hat I am an officer i	or director l	
SIGNATURE: SIGNATIVE AND TYPED OF PRINTED NAMED & SIGNING OFFICER OF DIRECTOR										