## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N95000005322

1. Entity Name

SIGNATURE: \_

## FAITH MINISTRIES BELGIUM, INCORPORATED

Principal Place of Business 645 PINEYRIDGE DR RLANDO FL 32808		Mailing Address P O BOX 61678 PALM BAY FL 32906 US						
					A TRANSIER BYG JAHAR DINH RONG BARN ABAN BOND BOND BIND HIND HAND INDI			
2. Principal P	ace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	OO NOT WRITE IN THIS S	PACE	
City & State		City & State			4. FEI Number	-3375538		olied For Applicable
Zip Country		Zip	Cou	ntry	5. Certificate of Status Desired  Fee Required			
<del></del>	□ 6. Name and Address of Current	Registered Agent			7. Name and Addr	ess of New Registered A	gent	
				Name -	•	•		
PRAVER, ROY A			Street Address		s (P.O. Box Number is Not Acceptable)			
	ASHINGTON AVENUE					·		
TITUSVILLE	E FL 32780			City		FL	Zip Code	,
R The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or regis	tered agent, or both, in t	he state of Florida.		
<b>0.</b> 1110 00010	That to other particular and a second		_			•.		Ì
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registere	d Agent signature requ	ired when reinstating)	DATE		
Section 1	Surgia Victia Comment		·····					
1	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C	. •		\$5.00 May Be Added to Fees	Make Check Departmer		
40 %	OFFICERS AND D	IRECTORS	11.	<u>-</u> -	ADDITIONS/CHANGE	S TO OFFICERS AND DIF	RECTORS IN	10
TITLE	PD OFFICERS AND D	☐ Delete		E	154			
NAME	LONEY, SANDRA G		NAM				•	
STREET ADDRESS	853 BROOKSON AVENUE N.W.			EET ADDRESS '-ST-ZIP				1
CITY-ST-ZIP	PALM BAY FL 32907		-			<del></del>	☐ Change	Addition
NAME	TSD Loney, Loring F	☐ Delete	, TITL					
STREET ADDRESS	853 BROOKSON AVENUE N.W.	المنتشيقين والبيون والواوي والموا	- Lastri	EET ADDRESS	and the display	ستوميدي الوشيدي ا	والمتحصيصين والمتحار المتحار	
CITY-ST-ZIP	PALM BAY FL 32907		CITY	'-ST-ZIP	<u> </u>	<u>-</u>		
TITLE	Τ	☐ Delete	TITL				☐ Change	☐ Addition
NAME	LONEY, WINFIELD		NAM STRI	KE EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	5645 PINEY RIDGE DR			(-ST-ZIP				
TITLE	ORLANDO FL 32808		TITL	E	<u>.</u>	<u> </u>	☐ Change	Addition
NAME			NAM	AE.				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				(-ST-ZIP	·	<del>_</del>	☐ Change	Addition
TITLE		☐ Delete	TITU		•			
NAME STREET ADDRESS				EET ADDRESS		•		
CITY-ST-ZIP			CITY	Y-ST-ZIP				
TITLE		☐ Delete	TITL	.E			Change	☐ Addition
NAME			NAA CTD					
STREET ADDRESS				EET ADDRESS Y-ST-ZIP				
CITY-ST-ZIP	certify that the information supplied w	th this filing does not qualify fo	r the eve	motion stated in	Section 119.07(3)(i) Flo	orida Statutes, I further cer	tify that the in	nformation
indicated	d on this report or supplemental report	nowered to execute this report	as requ	ature shall have t irred by Chapter	he same legal effect as 617, Florida Statutes; ar	if made under oath; that I ad that my name appears i	n Block 10 o	r Block 11 if
changed	i, or on an attachment with an acequess	, with all offier like embowered				1	321-7 1	33-451
	- Xxac:メルン	2 may allan	Wirt			1. 1-2	1	

**FILED** 

May 21, 2002 8:00 am Secretary of State 05-21-2002 90858 049 \*\*\*\*61.25