

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006610

1. Entity Name

THE FATHER'S HEART MINISTRIES, INC.

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91186 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1491 BRENTWOOD DR MARIETTA GA 30062 US	1491 BRENTWOOD DRIVE MARIETTA GA 30062

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number	58-2343480	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, CHRIS  
333 MCKENNY ROAD  
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

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

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	PD	WEBSTER, S. SCOTT	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1491 BRENTWOOD DRIVE	
CITY-ST-ZIP		MARIETTA GA 30062	
TITLE	VD	WEBSTER, KATHLEEN A	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1491 BRENTWOOD DRIVE	
CITY-ST-ZIP		MARIETTA GA 30062	
TITLE	SD	FICHTNER, JOHN G	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1603 BRENTWOOD DRIVE	
CITY-ST-ZIP		MARIETTA GA 30062	
TITLE	D	JOYCE, ROBERT E	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2836 HORSESHOE COURT	
CITY-ST-ZIP		AUBURN HILLS MI 48326	
TITLE	D	ANDERSON, JAMES A	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4531 HOSTA COURT	
CITY-ST-ZIP		ACWORTH GA 30102	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/02 (770) 316-7006

Date Daytime Phone #