

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000000019

FILED
Sep 13, 2002
Secretary of State

Entity Name: FAMILIES & FENCES MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 702178
SAINT CLOUD, FL 34770

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 702178
SAINT CLOUD, FL 347702178

New Mailing Address:

FEI Number: 59-3493372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROTTER, MARY ROBIN
PO BOX 702178
SAINT CLOUD, FL 34770

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROTTER, CHARLEY R
Address: PO BOX 702178
City-St-Zip: SAINT CLOUD, FL 34770

Title: SD () Delete
Name: TROTTER, MARY ROBIN R
Address: PO BOX 702178
City-St-Zip: SAINT CLOUD, FL 34770

Title: TD () Delete
Name: TROTTER, MARY ROBIN R
Address: PO BOX 702178
City-St-Zip: SAINT CLOUD, FL 34770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYROBIN TROTTER

TD

09/13/2002

Electronic Signature of Signing Officer or Director

Date