

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 16, 2006
Secretary of State**

DOCUMENT# N99000006593

Entity Name: FELLOWSHIP FOR INTERNATIONAL REVIVAL AND EVANGELISM INC.

Current Principal Place of Business:

745 CABARRUS AVE WEST
SUITE 260
CONCORD, NC 28027 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 356
HARRISBURG, NC 28075

New Mailing Address:

FEI Number: 59-3613715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, JAMES
4006 EMBERS LANDING
PENSACOLA, FL 32505 US

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: BROWN, MICHAEL L DR.
Address: 10654 TIGERTON LANE
City-St-Zip: CHARLOTTE, NC 28269

Title: VD () Delete
Name: GLADSTONE, ROBERT
Address: 98 POPLAR WOODS DRIVE
City-St-Zip: CONCORD, NC 28027

Title: T () Delete
Name: PETERS, WILLIAM E DR
Address: 417 PARALLEL DRIVE
City-St-Zip: HARRISBURG, NC 28075

Title: D () Delete
Name: CAVA, MARIO J
Address: 4869 RENFREW DRIVE
City-St-Zip: CONCORD, NC 28027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, MICHAEL L DR.
Address: 206 DENNEHY CT
City-St-Zip: HUNTERSVILLE, NC 28078

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 Chapter 119, 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: DR WILLIAM E PETERS

T

03/16/2006

Electronic Signature of Signing Officer or Director

Date