

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006593

FILED  
Mar 31, 2003  
Secretary of State

**Entity Name:** FELLOWSHIP FOR INTERNATIONAL REVIVAL AND EVANGELISM INC.

**Current Principal Place of Business:**

4000 W. FAIRFIELD DRIVE  
PENSACOLA, FL 32505 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 36417  
PENSACOLA, FL 32516

**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:**

PETERS, WILLIAM E  
4118 ERIKA CT  
PENSACOLA, FL 32526

**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: 20254 SWEET WATER LOOP  
City-St-Zip: SEMINOLE, AL 36574

Title: VD ( ) Delete  
Name: GLADSTONE, ROBERT  
Address: 7185 RAMPART WAY  
City-St-Zip: PENSACOLA, FL 32505

Title: STD ( ) Delete  
Name: COLLINS, KEITH  
Address: 5653 ESPERANTO  
City-St-Zip: PENSACOLA, FL 32526

Title: T ( ) Delete  
Name: PETERS, WILLIAM E DR  
Address: 4118 ERIKA COURT  
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete  
Name: CAVA, MARIO J  
Address: 32246 BARTEL ST  
City-St-Zip: ELBERTA, AL 32530

**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:

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: DR. WILLIAM E. PETERS

T

03/31/2003

Electronic Signature of Signing Officer or Director

Date