

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00264

1. Entity Name

MACEDONIAN MINISTRIES, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90008 037 ****61.25

Principal Place of Business

Mailing Address

1813 COVENTRY DR
 BEDFORD TX 76021
 US

PO BOX 210304
 BEDFORD TX 76095-7304
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

601 East Airport Freeway

Suite, Apt. #, etc.

City & State

City & State

Euless TX

4. FEI Number

59-2363884

Applied For

Not Applicable

Zip

Country

Zip

Country

76039

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUSLEY, CARLYLE J
 1107 E. SILVER SPRINGS BLVD. #2
 Ocala FL 32670

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Delete
NAME	FISHER, FARRELL	
STREET ADDRESS	120 TURTLE CR.	
CITY-ST-ZIP	BELTON TX	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BAIRD, THOMAS	
STREET ADDRESS	233 TAYLORS	
CITY-ST-ZIP	TEMPLE TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEWITT, DENNIS	
STREET ADDRESS	1194 E. IDAHO	
CITY-ST-ZIP	KALISPELL MT	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	FISHER, SCOTT	
STREET ADDRESS	3017 RICHWOOD CIRCLE	
CITY-ST-ZIP	BEDFORD TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEEHUNT, DWAYNE	
STREET ADDRESS	3867 N. VILLAGE ROUND	
CITY-ST-ZIP	PARK CITY UT 84098	
TITLE		<input type="checkbox"/> Delete

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:

Scott W. Fisher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/2000
 Date

817-283-8900
 Daytime Phone #

6313 261 1-00