

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90106 013 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N00264

1. Entity Name
MACEDONIAN MINISTRIES, INC.

Principal Place of Business Mailing Address
601 EAST AIRPORT FREEWAY **PO BOX 210304**
EULESS TX 76039 **BEDFORD TX 76095**
US **US**

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

City & State City & State

Zip Zip Country Country

4. FEI Number Applied For
59-2363884 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AUSLEY, CARLYLE J
1107 E. SILVER SPRINGS BLVD. #2
OCALA FL 32670

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

After September 13, 2002, min. will be \$236.25.

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	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	DPT	<input type="checkbox"/> Delete
NAME	FISHER, SCOTT W	
STREET ADDRESS	1813 COVENTRY DRIVE	
CITY-ST-ZIP	BEDFORD TX 76021	
TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	FISHER, SCOTT	
STREET ADDRESS	3017 RICHWOOD CIRCLE	
CITY-ST-ZIP	BEDFORD TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEEHUNT, DWAYNE	
STREET ADDRESS	3867 N. VILLAGE ROUND	
CITY-ST-ZIP	PARK CITY UT 84098	
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: *SCOTT W. FISHER* 9/9/02 817-283-8900

CR2E037 (4/02)