

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP 19 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006683

1. Entity Name
JUST AS I AM MINISTRY INC.



Principal Place of Business
4409 ROYAL ST.
PALATKA, FL 32177

Mailing Address
4409 ROYAL ST.
PALATKA, FL 32177

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
81-0563452 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DASHER, LATANJA
109 CAMELOT DR.
PALATKA, FL 32177

7. Name and Address of New Registered Agent
Name: DWAYNE MCCALLISTER, SR.
Street Address (P.O. Box Number is Not Acceptable): 4409 ROYAL STREET
City: PALATKA FL Zip Code: 32177

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: *Dwayne McCallister*
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resigning)

DATE: 9-16-03

FILE NOW! FEE IS \$61.25
TOTAL BY MAILING UBR

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCALLISTER, DWAYNE E <input type="checkbox"/> Delete 4409 ROYAL ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCALLISTER, WANDA <input type="checkbox"/> Delete 4409 ROYAL ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete FOSTER, CYNTHIA 4409 ROYAL ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FOSTER, WARREN 4409 ROYAL ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100023197461 09/19/03--01033--003 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD DWAYNE MCCALLISTER SR 4409 ROYAL ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DWAYNE MCCALLISTER SR 4409 ROYAL ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Dwayne McCallister*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 9-16-03 386-916-1101
DATE TIME

2/9/15

CR2E037 (10/02)