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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24868

1. Corporation Name

**MIGHTY LIVING LORD GOD ALMIGHTY IN JESUS CHRIST
MINISTRY CORP.**

Principal Place of Business

C/O JACOB JOHN KEYE
2244 COURTNEY DR
JACKSONVILLE FL 32208
US

Mailing Address

C/O JACOB JOHN KEYE
2244 COURTNEY DR
JACKSONVILLE FL 32208
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

02/17/1988

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

KEYE, JACOB JOHN
2244 COURTNEY DR
JACKSONVILLE FL 32208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME KEYE, JACOB JOHN
STREET ADDRESS 2244 COURTNEY DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME KEYE, ALAND S
STREET ADDRESS 17667 S W 28TH COURT
CITY-ST-ZIP MIRAMAR FL 33029

TITLE D ☐ DELETE
NAME RODMAN, SHARON D.
STREET ADDRESS 3650 RING LANE APT. 207
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE
NAME PRESSLEY, DONALD D
STREET ADDRESS 1260 LORENTO STREET
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ST ☐ DELETE
NAME KEYE, JOSIE E.
STREET ADDRESS 2244 COURTNEY DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacob John Keye
Jacob John Keye
President

4/24/99

(904) 768-1272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)