2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90309 040 ****70.00

DOCUMENT # N24868

1. Entity Name

MIGHTY LIVING LORD GOD ALMIGHTY IN JESUS CHRIST

Principal Place of Business	Mailing Address
C/O JACOB JOHN KEYE 2244 COURTNEY DR JACKSONVILLE FL 32208 US	C/O JACOB JOHN KEYE 2244 COURTNEY DR JACKSONVILLE FL 32208 US

746611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ~~NOT APPLICABLE~~ 59-3604429 ☐ Applied For ☐ Not Applicable

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
KEYE, JACOB JOHN 2244 COURNTEY DR JACKSONVILLE FL 32208 EI# 59-3604429	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEYE, JACOB JOHN 2244 COURTNEY DR JACKSONVILLE FL	☐ Delete	D ALLEN D. MILLER 1085 IM RICKS DR. SOPERTON, GA. 30457	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEYE, ALAND S 17667 S W 28TH COURT MIRAMAR FL 33029	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODMAN, SHARON D. 3650 RING LANE APT. 207 JACKSONVILLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESSLEY, DONALD D 1260 K LORENTO STREET JACKSONVILLE FL 32211	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BROWN, THELMA A 3012 W. 5TH ST. JACKSONVILLE FL 32254	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, CEDRIC L 36 DUDLEY ROAD ATLANTIC BEACH FL 32233	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED Jacob John Keye 4/17/01 904-768-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #