2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90046 030 ****70.00

DOCUMENT # N24868

1. Entity Name

MIGHTY LIVING LORD GOD ALMIGHTY IN JESUS CHRIST MINISTRY CORP.

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

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 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	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEYE, JACOB JOHN 2244 COURTNEY DR JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bishop M.J. THOMAS 1354 N. LAURA ST JACKSONVILLE, FL 32206	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEYE, ALAND S 17667 S W 28TH COURT MIRAMAR FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARIAN E. WHITHUET 2259 Courtney DR. Jacksonville, FL 32208	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODMAN, SHARON D. 3650 RING LANE APT. 207 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ERIC RODMAN 843 ALDERMAN RD Apt #722 Jacksonville, FL 32211	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESSLEY, DONALD D 1260 K LORENTO STREET JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BROWN, THELMA A 3012 W. 5TH ST. JACKSONVILLE FL 32254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, CEDRIC L 36 DUDLEY ROAD ATLANTIC BEACH FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Thelma A Brown THELMA A Brown 4-27-02 742-9274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR