

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90219 020 ****70.00

DOCUMENT # N24868

1. Entity 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

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

SIGNATURE

Jacob John Keye

(NOTE: Registered Agent signature required when reinstating)

DATE

04-28-04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	☒ Delete
NAME	PRESSLEY, DONALD D	
STREET ADDRESS	1260 K LORENTO STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	STD	☐ Delete
NAME	WHITEHURST, MARIAN	
STREET ADDRESS	2259 COURTNEY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	VP	☒ Delete
NAME	BROWN, CEDRIC L	
STREET ADDRESS	36 DUDLEY ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	TILLMAN HARRIS	
STREET ADDRESS	3303 PEARL ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	JAMES R. LUNDY JR.	
STREET ADDRESS	11333 AMERICAN LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	

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:

Jacob John Keye
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-04

Date

904-768-1272

Daytime Phone #