2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

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

04092005 No Chg-NP CR2E037 (10/03)

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

KEYE, JACOB JOHN
2244 COURNTEY DR
JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEYE, JACOB JOHN
STREET ADDRESS	2244 COURTNEY DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	KEYE, ALAND S
STREET ADDRESS	17667 S W 28TH COURT
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	D
NAME	RODMAN, SHARON D.
STREET ADDRESS	3650 RING LANE APT. 207
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	TILLMAN, HARRIS
STREET ADDRESS	3303 PEARL ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	STD
NAME	WHITEHURST, MARIAN
STREET ADDRESS	2259 COURTNEY DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	VP
NAME	LUNDY, JAMES R JR
STREET ADDRESS	11333 AMERICANA LANE E
CITY-ST-ZIP	JACKSONVILLE, FL 32218

U00000300212
04/12/05-80010-024 70.00

DO NOT WRITE IN THIS SPACE

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 04-11-05 904-768-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #