# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2007 8:00 am**
**Secretary of State**
04-23-2007 90263 013 ****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<br>~~2244 COURTNEY DR~~<br>~~JACKSONVILLE~~, FL 32208 US | C/O JACOB JOHN KEYE<br>~~2244 COURTNEY DR~~<br>JACKSONVILLE, FL 32208 US |

04112007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 9142 4th Avenue | P.O. Box 77511 |
| Suite, Apt. #, etc.: N/a | Suite, Apt. #, etc.: — N/a |
| City & State: Jacksonville, FL. | City & State: Jacksonville, FL. |
| Zip: 32208 Country: Duval | Zip: 32208 Country: Duval |

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~~<br>~~2244 COURNTEY DR~~<br>~~JACKSONVILLE, FL 32208~~ | Name: Keye, Jacob John<br>Street Address (P.O. Box Number is Not Acceptable): 9142 4th Avenue<br>City: Jacksonville FL Zip Code: 32208 |

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

**Filing Fee is $61.25**
**Due by May 1, 2007**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 04-20-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #