## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Sep 14, 2001 8:00 am Secretary of State DOCUMENT # N95000004556 09-14-2001 90012 037 \*\*\*\*61.25 JIREH MINISTRIES, INCORPORATED Principal Place of Business Mailing Address 399 RAILROAD AVE 4901 INDIALANTIC DRIVE WINTER GARDEN FL 34787 ORLANDO FL 32808 2. Principal Place of Business 4901 Indial R Indial Antic Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3458402 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOHNSON, SHARON L 4901 INDIALANTIC DR. ORLANDO FL 32808 City Zip Code FL 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 Make Check Payable to \$5.00 May Be П Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition JOHNSON, SHARON L NAMÉ Sharen Lyles NAME STREET ADDRESS 4901 INDIALANTIC DR. STREET ADDRESS 4901 Indialantic Dr CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP 7137848 TITLE Delete TITLE ☐ Change Addition ( DIAMA REDGETS 399 RAIL READ AVE JOHNSON, ASHLEY E NAME NAME STREET ADDRESS 4901 INDIALANTIC DR. STREET ADDRESS Water-GArden-, 7-1-3477-7 CITY-ST-ZIP \*\* ORLANDO FL CITY-ST-ZIP , Secretary TITLE Delete TITLE Change ☐ Addition Sherian Stevenson STEVENSON, SHERIAN NAME NAME STREET ADDRESS 4901 INDIALANTIC DR. STREET ADDRESS 2791 Kiplina CITY-ST-7IP ORLANDO FL CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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

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(42) 446-8382

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