

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91403 030 *****61.25

DOCUMENT # NO2000000893

1. Entity Name

JESUS IS GOD MINISTRIES INC.



Principal Place of Business

**10 E MONUMENT AVE
KISSIMMEE FL 34741**

Mailing Address

**10 E MONUMENT AVE
KISSIMMEE FL 34741**

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

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

**BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE SUITE 1114
MIAMI BEACH FL 33139**

Name

J. M. Partain

Street Address (P.O. Box Number is Not Acceptable)

10 E Monument Ave

City

Kissimmee

FL

Zip Code

34741

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

J. M. Partain
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

FILE NOW: FEE IS \$61.25

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	<i>Pres</i>	<input type="checkbox"/> Delete
NAME	<i>James M. Partain</i>	
STREET ADDRESS	<i>10 E Monument Ave</i>	
CITY-ST-ZIP	<i>Kissimmee FL 34741</i>	
TITLE	<i>VP/D</i>	<input type="checkbox"/> Delete
NAME	<i>Randy Wright</i>	
STREET ADDRESS	<i>10 E Monument Ave</i>	
CITY-ST-ZIP	<i>Kissimmee, FL 34741</i>	
TITLE	<i>VP/D</i>	<input type="checkbox"/> Delete
NAME	<i>Gene Aspauck</i>	
STREET ADDRESS	<i>10 E Monument Ave</i>	
CITY-ST-ZIP	<i>Kissimmee FL 34741</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

J. M. Partain
Signature, typed or printed name of registered agent and title if applicable.

4/30/03

CR2E037 (10/02)