### 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000013749

Entity Name: JESUS PEOPLE INTERNATIONAL, INC.

### **Current Principal Place of Business:**

12554 WHITE BLUFF RD HUDSON, FL 34669

### **Current Mailing Address:**

12554 WHITE BLUFF RD HUDSON, FL 34669 US

## FEI Number: 92-1125496

#### Name and Address of Current Registered Agent:

LIETTE, BRADY 12554 WHITE BLUFF RD HUDSON, FL 34669 US

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

# Officer/Director Detail :

| Title           | P/T                  | Title           | P/S                  |
|-----------------|----------------------|-----------------|----------------------|
| Name            | LIETTE, BRADY        | Name            | LIETTE, KIMBERLY     |
| Address         | 12554 WHITE BLUFF RD | Address         | 12554 WHITE BLUFF RD |
| City-State-Zip: | HUDSON FL 34669      | City-State-Zip: | HUDSON FL 34669      |
| Title           | AMBR                 | Title           | AMBR                 |
| Name            | KOBIDA, DANIEL       | Name            | SMITH, RACHEL        |
| Address         | 12554 WHITE BLUFF RD | Address         | 12554 WHITE BLUFF RD |
| City-State-Zip: | HUDSON FL 34669      | City-State-Zip: | HUDSON FL 34669      |
| Title           | OFFICER              |                 |                      |
| Name            | FENNEL, MIKELLE      |                 |                      |
| Address         | 9 MICAELA COURT      |                 |                      |
| City-State-Zip: | WEST MILTON OH 45383 |                 |                      |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRADY J LIETTE

PRESIDENT

02/10/2023

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Feb 10, 2023 Secretary of State 8894677991CC