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

DOCUMENT # 768661

1. Entity Name



FILED Mar 10, 2003 8:00 am § Secretary of State

JEHOVAH-JIREH REFUGE, INC.				03-10-2003 90130 029 01.23			
% BONNY R. ISON % BC 20 MAYFAIR DR. 20 M		Mailing Address % BONNY R. ISON 20 MAYFAIR DR. CRAWFORDVILLE FL 32327 US			XA BUXIN BUXIN XIRI ANDU BURUN		1/ 0/ 0/4 1/10
Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-2290916 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status	Desired	8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent		7. Name and Address			<u> </u>
			Name				
ison, Bonny R. 20 Mayfair dr.			Street Address (O. Box Number is Not Acceptable)			
CRAWFO	PRDVILLE FL 32327						
			City		FL	Zip Code	е
8. The above the obligation	e named entity submits this statement for t tions of registered agent.	he purpose of changing its regi	istered office or register	red agent, or both, in the S	State of Florida. I am fa	ımiliar with,	and accept
_							
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Bec	gistered Agent signature required	Luhan sainatatina)	DATE		
	-g-mail vygoto o privoto agustoso agustos ag	Time is approached.	gisteria a regarit signatoro rodonoc	a misirioristating)	UNIC		
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		
	FILE NOW: FEE IS \$61.25		· · · —				
	OFFICERS AND DIRE	Trust Fund Contr	ribution.		Florida Departr	ment of S	State
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR.	Trust Fund Contr	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Departing O OFFICERS AND DIRI	ment of S	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL	Trust Fund Contr	TILE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Departi	ment of S ECTORS IN Change	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL VD HUDSON, DOYE D.	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florida Departi	ment of S	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL VD HUDSON, DOYE D. 12 DOYE DRIVE CRAWFORDVILLE FL=32327-	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida Departi	ment of S ECTORS IN Change	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL VD HUDSON, DOYE D. 12 DOYE DRIVE	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Departi	ment of S ECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL VD HUDSON, DOYE D. 12 DOYE DRIVE CRAWFORDVILLE FL=32327- STD ISON, DIANNE M 20 MAYFAIR DR.	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Departi	ment of S ECTORS IN Change	10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL VD HUDSON, DOYE D. 12 DOYE DRIVE CRAWFORDVILLE FL=32327 STD ISON, DIANNE M 20 MAYFAIR DR. CRAWFORDVILLE FL	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Added to Fees	Florida Departi	ment of S ECTORS IN Change	10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL VD HUDSON, DOYE D. 12 DOYE DRIVE CRAWFORDVILLE FL=32327 STD ISON, DIANNE M 20 MAYFAIR DR. CRAWFORDVILLE FL D HUDSON,SHERRY(ADV.BOARD) 12 DOYE DRIVE	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added to Fees	Florida Departi	ment of S ECTORS IN Change Change	10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL VD HUDSON, DOYE D. 12 DOYE DRIVE CRAWFORDVILLE FL=32327 STD ISON, DIANNE M 20 MAYFAIR DR. CRAWFORDVILLE FL D HUDSON, SHERRY(ADV.BOARD) 12 DOYE DRIVE CRAWFORDVILLE FL 32327 D	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida Departi	ment of S ECTORS IN Change Change	10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL VD HUDSON, DOYE D. 12 DOYE DRIVE CRAWFORDVILLE FL=32327 STD ISON, DIANNE M 20 MAYFAIR DR. CRAWFORDVILLE FL D HUDSON, SHERRY(ADV.BOARD) 12 DOYE DRIVE CRAWFORDVILLE FL 32327 D BARFIELD, TOBY 92 LISA DRIVE	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Departi	Change Change	10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL VD HUDSON, DOYE D. 12 DOYE DRIVE CRAWFORDVILLE FL=32327- STD ISON, DIANNE M 20 MAYFAIR DR. CRAWFORDVILLE FL D HUDSON, SHERRY(ADV.BOARD) 12 DOYE DRIVE CRAWFORDVILLE FL 32327 D BARFIELD, TOBY 92 LISA DRIVE CRAWFORDVILLE FL 32327	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Departi	ment of S ECTORS IN Change Change Change	10 Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL VD HUDSON, DOYE D. 12 DOYE DRIVE CRAWFORDVILLE FL=32327- STD ISON, DIANNE M 20 MAYFAIR DR. CRAWFORDVILLE FL D HUDSON, SHERRY(ADV.BOARD) 12 DOYE DRIVE CRAWFORDVILLE FL 32327 D BARFIELD, TOBY 92 LISA DRIVE CRAWFORDVILLE FL 32327 D	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE	Added to Fees	Florida Departi	Change Change	10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD ISON, BONNY R 20 MAYFAIR DR. CRAWFORDVILLE FL VD HUDSON, DOYE D. 12 DOYE DRIVE CRAWFORDVILLE FL=32327- STD ISON, DIANNE M 20 MAYFAIR DR. CRAWFORDVILLE FL D HUDSON, SHERRY(ADV.BOARD) 12 DOYE DRIVE CRAWFORDVILLE FL 32327 D BARFIELD, TOBY 92 LISA DRIVE CRAWFORDVILLE FL 32327	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Departi	ment of S ECTORS IN Change Change Change	10 Addition Addition Addition Addition

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:

IREPROVER R. ISON 3-7-2003 (850) 926-5217