NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 807580

1. Corporation Name

SUPREME COUNCIL OF THE HOUSE OF JACOB OF THE UNITED STATES OF AMERICA

Principal Place of Busine
POST OFFICE BOX 310
COSHOCTON OH 43812
US

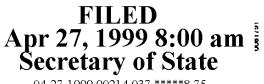
2. Principal Place of Business

Mailing Address

POST OFFICE BOX 310 COSHOCTON OH 43812

2a. Mailing Address

26



04-27-1999 90214 037 *****8.75 04-27-1999 90214 038 ****61.25



3. Date Incorporated or Qualifed

03/25/1948

[1]											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Nu 31-64	nber 101813			Applicable	
2		27				101010		\$8.75 A			
City & State	9	City & State				5. Certifo	ate of Status Desired	3	Fee Rec		
:3	28				Country 6. Election Campaign Financia						
Zip	Country	Zìp	30	niu y			r Campaign Financing		\$5.00 t Added to	- 1	
4	25 29			T			und Contribution	Registerer		7 - 003	
Name and Address of Current Registered Agent					Name	TO. Name	SIU AUUIESS VI INEM	regionei e.	жу отт		
				81	Name						
TYSON, GLEN SR.				82	2 Street Address (P.O. Box Number is Not Acceptable)						
5504 86TH ST.											
TAMPA FL 33619				83							
				84	City	······	·		85 Zip C	cde	
					•			FI	<u>- </u>		
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617,0503, Florida Statules.											
SIGNATURE Streament to grinted have of registered agent and title if applicable. (NOT): Registered Agent signature required when reinstating) DATE											
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	F: Registered	Agent	signature require		NS/CHANGES TO O		ND DIRECTOR	S IN 12	
12.	OFFICERS AND					ADDITIO	NO/CHANGES TO C	THOE NO 7	Change	Addition	
TITLE	ST SONTAINE A D	☐ DELETE 1.1 T									
NAME	FONTAINE, A R	1.2 N								-	
STREET ADDRESS	ROUTE 1	1.3 \$			ADDRESS						
CITY-ST-ZIP	COSHOCTON OH		_	TY-ST-	-ZIP				Channe	Addition	
TITLE	ACD	☐ DELETE	2.1 TI	TLE				1	Change	☐ Addidoit	
NAME	PEARSON, BISHOP J		2.2 N	AME				- 1			
STREET ADDRESS	PO BOX 300 N/A	N/A 235			ADDRESS			1.19			
CITY-ST-ZIP	COSHOCTON OH 43812		2.40	ITY-ST	-ZIP		H A	\mathcal{W}_{-}			
TITLE	PD	☐ DELETE	3.1 TI	TLE				/	Change	Addition	
NAME	COLLINS, J D		3.2 N	AME							
STREET ADDRESS	ROUTE 1		3.3 S	TREET	ADDRESS		$(1)^{\circ}$	1/			
CITY-ST-ZIP	COSHOCTON OH		3,4. 0	ITY-ST	r-ZIP	<u> </u>	CHU CHU	1_			
TITLE	D	☐ DELETE	4.1 TI	TLE _		\ \) ⁾	Change	☐ Addition	
NAME	HARRIS, W B		4.21	IAME		. \ <i>Y</i>	$\mathcal{L}^{\mathcal{U}}$			j	
STREET ADDRESS	1601 ROOSEVELT AVE		4.3 S	TREET	ADDRESS		(
CITY-ST-ZIP	LANDOVER MD		4.4 C	ITY-ST	- ZIP	-	V				
TITLE	SD	☐ DELETE	51 TI	TLE		j			☐ Change	☐ Addition	
NAME	GRIMES, CAROLYN L		5.2 N	AME							
STREET ADDRESS	ROUTE 1		5.3 S	TREET.	ADDRESS						
CITY-ST-ZIP	COSHOCTON OH		5.4 C	ITY-ST	- ZIP						
TITLE	D	☐ DELETE	6.1 T	TLE					Change	Addition	
NAME	COLLINS, BERTILLA	_	62 N	AME							
	ROUTE 1		6.3 S	TREET	ADDRESS						
STREET ADDRESS	l .			ITY-ST]						
CITY-ST-ZIP	COSHOCTON OH		0.4 (111131	-211						

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacy Bd y Slesson (140)8243737

CR2E037 (11/98)