2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004
Secretary of State

DOCUMENT# 807580

Entity Name: SUPREME COUNCIL OF THE HOUSE OF JACOB OF THE UNITED STATES OF AMERICA

Current Principal Place of Business:

POST OFFICE BOX 310
COSHOCTON, OH 43812 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 310
COSHOCTON, OH 43812 US

New Mailing Address:

FEI Number: 31-6401813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TYSON, GLEN SR.
5504 86TH ST.
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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 Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: FONTAINE, A R
Address: 25645 TR 35
City-St-Zip: COSHOCTON, OH 43812

Title: ACD ( ) Delete
Name: PEARSON, BISHOP J
Address: 3614 STONEGLEN SOUTH
City-St-Zip: RICHMOND, CA 94806

Title: PD ( ) Delete
Name: COLLINS, J D
Address: 25645 TR 36
City-St-Zip: COSHOCTON, OH 43812

Title: SD ( ) Delete
Name: GRIMES, CAROLYN L
Address: 45261 TR 28
City-St-Zip: COSHOCTON, OH 43812

Title: D ( ) Delete
Name: COLLINS, BERTILLA
Address: 25645 TR 36
City-St-Zip: COSHOCTON, OH 43812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: FONTAINE, A R
Address: 25645 TR 36
City-St-Zip: COSHOCTON, OH 43812

Title: ACD (X) Change ( ) Addition
Name: PEARSON, BISHOP J
Address: 45153 CR 55
City-St-Zip: COSHOCTON, OH 43812

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAROLYN L. GRIMES SD 02/12/2004

Electronic Signature of Signing Officer or Director Date