

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 08, 2007
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
COSHOCKTON, OH 43812 US

New Principal Place of Business:

25645 TR 39
COSHOCKTON, OH 43812 US

Current Mailing Address:

POST OFFICE BOX 310
COSHOCKTON, OH 43812 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MONTGOMERY, SALEM SR.
3531 NW 7TH PLACE
FT. LAUDERDALE, FL 33311 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 36
City-St-Zip: COSHOCTON, OH 43812

Title: ACD () Delete
Name: PEARSON, BISHOP J
Address: 45651 TR 28
City-St-Zip: COSHOCTON, OH 43812

Title: PD () Delete
Name: COLLINS, J D
Address: 25855 TR 36
City-St-Zip: COSHOCTON, OH 43812

Title: SD () Delete
Name: GRIMES, CAROLYN L
Address: 26094 COUNTY ROAD 24
City-St-Zip: COSHOCTON, OH 43812

Title: D () Delete
Name: COLLINS, BERTILLA
Address: 25855 TR 36
City-St-Zip: COSHOCTON, OH 43812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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

02/08/2007

Electronic Signature of Signing Officer or Director

_____ Date