


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # 807580**

1. Entity Name  
**SUPREME COUNCIL OF THE HOUSE OF JACOB OF THE UNITED STATES OF AMERICA**



Principal Place of Business 25645 TR 39 COSHOCOTON, OH 43812 US	Mailing Address POST OFFICE BOX 310 COSHOCOTON, OH 43812 US
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**DO NOT WRITE IN THIS SPACE**



02282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-6401813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, SALEM SR.  
 3531 NW 7TH PLACE  
 FT. LAUDERDALE, FL 33311

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000847490  
 03/19/08-80022-002 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FONTAINE, A R 25645 TR 36 COSHOCOTON, OH 43812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACD PEARSON, BISHOP J 45651 TR 28 COSHOCOTON, OH 43812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, J D 25855 TR 36 COSHOCOTON, OH 43812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIMES, CAROLYN L 26094 COUNTY ROAD 24 COSHOCOTON, OH 43812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, BERTILLA 25855 TR 36 COSHOCOTON, OH 43812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Carolyn L. Grimes Secy Board of Trustees/Directors 2/28/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

710-824-3737