

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 25, 2009  
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:**

25645 TR 39  
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 (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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: D ( ) Change (X) Addition  
Name: TERRELL, JAMES A  
Address: 13151 LORETTO ROAD  
City-St-Zip: PRINCESS ANNE, MD 21853

I hereby certify that the information supplied with this filing does not qualify 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

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date