2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE COTTI

Jan 28, 2004 08:00 AM DOCUMENT # F02000002349 **Secretary of State** 1. Entity Name JUS' JESUS MINISTRIES, INC. Principal Place of Business Mailing Address 172 DOUG BYRD ROAD 172 DOUG BYRD ROAD **LUCEDALE MS 39452-3443** LUCEDALE MS 39452-3443 2. Principal Place of Business 3. Maiking Address Suite, Apt #, etc. Suite, Apt #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 64-0678708 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MITCHELL, CHARLES REV. Street Address (P.O. Box Number is Not Acceptable) 3807 SAN GABRIEL DRIVE PENSACOLA¢ FL 32504 City Zip Code FI 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 -Storpature, typed or printed name of recretered agent and like if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. \Box Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change Addition COTTINGHAM, RONNIE NAME NAME U00000016018 172 DOUG BYRD ROAD STREET ADDRESS STREET ADDRESS 01/28/04-80037-023 61.25 LUCEDALE MS 39452-3443 CITY-ST-ZIP CATY-ST-ZIP THE ☐ Delete BILE ☐ Change ☐ Addition COTTINGHAM, BEVERLY MARKE NAME 172 DOUG BYRD ROAD STREET ADDRESS STREET ADDRESS LUCEDALE MS 39452-3443 CITY-ST-ZIP CITY-ST-ZIP TITS F Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete 3/31/5 Change Addition NAME STREET ADDRESS STREET ADDRESS CKTY - ST - ZKP CITY-ST-ZIP TITLE Delete. BULE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 31118 Change Change Addition 🔲 MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7/8 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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

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