2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000002349

1. Entity Name

JUS' JESUS MINISTRIES, INC.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90069 015 ****61.25

						GO WE INS	′				
Principal Place of Business 172 DOUG BYRD ROAD LUCEDALE MS 39452-3443			Mailing Address 172 DOUG BYRD ROAD LUCEDALE MS 39452-3443								
2. Principal Place of Business 3. Ma				failing Address							
Suite, Apt	# etc		Suite, Apt. #, etc.								
Cate, 7 pt. 11, Ctd.				Julie, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. FEI Number 64-0678708 Applied For Not Applicable				
Zip Country				р	Co	untry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Curren	l Register	ed Agent		•	7. Name and Addre	ss of New Registered A	gent		
MECHE	LOUADIE	0. DEV				Name					
MITCHELL, CHARLES REV. 3807 SAN GABRIEL DRIVE PENSACOLA FL 32504				Street Address			(P.O. Box Number is Not Acceptable)				
PENSAU	OLA FL 323	NU4				City		· FL	Zip Coo	le	
8 The above	named entity	v submits this statement f	or the even	and of changing its			stered agent, or both, in th				
the obligates	tions of regist	ered agent.	, ,		J	· ·	3			ana accopt	
	Signature, typed	or printed name of registered agent	t and title if app	plicable. (NOTE	: Registere	d Agent signature requ	uired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Check Florida Depart			
10.		OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANGES	TO OFFICERS AND DIF	ECTORS IN	L 10	
TINLE	P			☐ Delete	TITL			7.70 017 702 707 717 2017	☐ Change	Addition	
NAME		iam, ronnie			NAM	E					
STREET ADDRESS CITY-ST-ZIP	LUCEDALE	BYRD ROAD MS 39452-3443				ET ADDRESS - ST-ZIP					
TITLE	ST	MARK DESCRIPTION		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME Street address		IAM, BEVERLY B BYRD ROAD			NAM	- 1					
CITY-ST-ZIP		MS 39452-3443				ET ADDRESS - ST-ZIP					
TITLE	200007100			☐ Delete	TOTLE	<u> </u>			☐ Change	☐ Addition	
NAME	ļ				NAM	E					
STREET ADDRESS	:					ET ADDRESS					
CITY-ST-ZIP		1811			-	-ST-ZIP		-		<u> </u>	
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CITY-ST-ZIP					CITY-	-ST-ZIP					
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IAME					NAME						
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TTLE				☐ Delete	TITLE	<u> </u>			☐ Change	Addition	
IAME					NAME	I					
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ITY-ST-ZIP					CITY-	ST-ZIP					

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

Ronnite Cottingham Jan. 6, 2003 601–947–7167

SIGNATURE

Raham O'Ronnie Cottingham

Jan. 6, 2003

601-947-7167