F24000005324

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
i
W24000133313

Office Use Only



000436458450

09/17/24--01002--004 **70.00

RECEIVED

SEP 16 2024

44.0CT -7 PH 4:41



September 23, 2024

ESTHER FIFE 1836 N CRYSTAL LAKE DR UNIT 83 LAKELAND, FL 33801 US

SUBJECT: JEHOVAH JIREH MINISTRIES CORP

Ref. Number: W24000133313

We have received your document for JEHOVAH JIREH MINISTRIES CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Is Esther Fife the corporation or are wanting Jehovah Jir-eh Ministries cCorp to be where you placed your name? Please correct this and send it back. Read underneath the line, it will tell you what goes where.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 124A00021331

Andrea Andrews Regulatory Specialist II

RECEIVED

OCT 07 2024

COVER LETTER

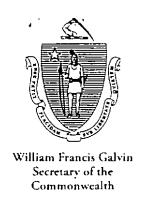
TO:	Registration Section Division of Corporations						
SUBJ	ECT:_	JEHOVAH (CORP)	JIR-EH MINISTF Name of Corpora	RIES tion – must in	clude suffix		
Dear S	ir or Ma	dam:					
Affairs	in Flori	da", "Certificat	Foreign Not for Proce of Existence", or "not for profit corpora	Certificate of	Status" and cl	ation to Conduct its neck are submitted to Florida.	
Please	return al	ll corresponden	ce concerning this m	natter to the fo	llowing:		
		ESTHER FIFE					
			Name	of Person			
		JEHOVAH JIR-	EH MINISTRIES				
			Firm/	Company	<u></u>		
		1836 N Crystal	Lake Dr Unit 83				
			Ac	idress			
		Lakeland FL 338					
			City/State	and Zip Code			
		jimglobal.or g	jing lo	balus	@gm	aul·com	
		E-maii add	iress: (to be used for	future annual	reportantilic	ation)	
For furt	her info	rmation concern	ning this matter, plea	ase call:			
Esther	Fife		at		4923114		
		Name of Perso	n	Area Code	Daytime Te	ephone Number	
	Registr Divisio P.O. Bo	Address: ation Section on of Corporation ox 6327 assee, FL 3231		Divisio The Ce 2415 N	ation Section n of Corpora ntre of Tallal	tions hassee eet, Suite 810	
lease m	d is a ch ake chee 90 Filing	g Fee □\$78	owing amount: ORIDA DEPARTMI 3.75 Filing Fee & ertificate of Status	ENT OF STAT □\$78.75 Fi Certifie	ling Fec &	□\$87.50 Filing Fee. Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

	OREIGN NOT F ⊊ <i>ELORIDA:</i>	FOR PROFIT CORPORA	TION FOR AUTH	CELLOWING IS SUBMIT ORIZATION TO CONDUC	CT ITS AFFAIRS IN
Estication	2	JEHOYATT	TIR-FH	MINISTRIES	C 3000.
(Name of corpo	oration: must inclu	De INE WOLD INCORPLIKA		ATION" or words or abbrevil and person or partnership if no by a nonprofit corporation.)	neinan af lilea
	Ministries Corp	·	•	· · · · · · · · · · · · · · · · · · ·	
(If name unav	ailable in Florida,	enter alternate corporate na	me adopted for the p	urpose of transacting business	s in Florida)
2. MA			3 134364546		
(State or cou	ntry under the law	of which it is incorporated			
1. 07/07/2007			5	of duration, if other than perp	
	Date of Incorporat	ion)	(Date of	of duration, if other than perpe	etual)
5. 07/04/2024					
(Date first cond	ucted affairs in Flo	rida if prior to registration. S	ee sections 617.1501	& 617.1502. F.S, to determine	penalty liability.)
1836 N Crysta	il Lake Dr Unit 83	Lakeland FL 33801			
		(Principal o	ffice street address)		
		(Current mailir	ig address, it differen	nt)	
			,	,	
Non profit org	anization (501C3)	providing free services to	he community		
Non profit org	anization (501C3)	providing free services to rized in home state or count	he community ry to be carried out in	the state of Florida)	2
		providing free services to rized in home state or count			2024
		providing free services to rized in home state or count orida registered agent: (P			2024 00
. Name and str	eet address of FI				2024 OCT -
Name and str	eet address of FI	orida registered agent: (P	O. Box NOT acce	eptable)	2024 OCT -7
Name and str	eet address of FI Esther Fife 1836 N Crystal L	orida registered agent: (P	O. Box <u>NOT</u> acce	eptable)	2024 OCT -7 P
Name and str	eet address of FI	orida registered agent: (P	O. Box <u>NOT</u> acce	eptable)	2024 OCT -7 PH h:
Name and <u>str</u> Name: Office Address:	eet address of Fl Esther Fife 1836 N Crystal L Lakeland	orida registered agent: (Pake Dr Unit 83	O. Box NOT acce	eptable)	2024 OCT -7 PII 4: 4:1
Name and strue: Name: Office Address:	eet address of Fl Esther Fife 1836 N Crystal L Lakeland	orida registered agent: (Pake Dr Unit 83 (City)	O. Box <u>NOT</u> acce	l (Zip Code)	-7 Pil 4:41
Name and str Name: Office Address: 10. Registered Having been na	Esther Fife 1836 N Crystal L Lakeland agent's accepta med as registere is application.	orida registered agent: (Pake Dr Unit 83 (City) ance: and agent and to accept set begens accept the annoi	.O. Box <u>NOT</u> acce	(Zip Code)	-7 Pill 4: 4.
Name and structure Name: Office Address: 10. Registered Javing been name of the structure	Esther Fife 1836 N Crystal L Lakeland agent's accepta med as registere is application.	orida registered agent: (Pake Dr Unit 83 (City) ance: and agent and to accept set begens accept the annoi	.O. Box <u>NOT</u> acce	(Zip Code)	-7 Pill 4: 4
Name and str Name: Office Address: 10. Registered Having been na	Esther Fife 1836 N Crystal L Lakeland agent's accepta med as registere is application.	orida registered agent: (Pake Dr Unit 83 (City) ance: and agent and to accept set begens accept the annoi	.O. Box <u>NOT</u> acce	l (Zip Code)	-7 Pill 4: 4
Name and strong Name: Office Address: 10. Registered Having been na	Esther Fife 1836 N Crystal L Lakeland agent's accepta med as registere is application.	orida registered agent: (Pake Dr Unit 83 (City) ance: and agent and to accept se hereby accept the appoint provisions of all statute appoint the obligations of my	.O. Box <u>NOT</u> acce	(Zip Code)	-7 Pill 4: 4
Name and str Name: Office Address: 10. Registered Iaving been na esignated in th urther agree to nd I am familia	Esther Fife 1836 N Crystal L Lakeland agent's accepta med as registere is application, I comply with the	orida registered agent: (Pake Dr Unit 83 (City) ance: and agent and to accept se hereby accept the appoint provisions of all statute appoint the obligations of my	.O. Box NOT accellation of the property of process for the proposition as register to the proposition as a second control of the	(Zip Code)	tion at the place n this capacity. I nance of my duties

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR GChairman	Name:	□Chairman	Paul Fife
□Vice Chairman	1836 N. Crustal I also Dr	□ Vice Chairman	Address: 21 Andrews Farm Road
□ Director	Unit 83 Lakeland FL 33801	■ Director	N Easton Ma 02356
■ President		□ President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	□ Other:	Other:	Other:
⊒Chairman	Name: Dara Frederick	□Chairman	Name: Shiniqua Fife
□Vice Chairman	Address: 1565 RIVER STREET	□Vice Chairman	Address: 21 Humboldt Ave
∃Director	HYDE PARK, MA 02136	Director	Suite 3 Dorchester Ma 02121
□President		□President	
∃Vice President		□ Vice President	
Secretary	□Treasurer	□ Secretary	Treasurer
Other:	Other:	□Other:	□Other:
]Chairman	Name:	□Chairman	Name: Dr John Fife
∃Vice Chairman	Address: 85 Morton Village Apt 204	□ Vice Chairman	Address:
Director	MATTAPAN, MA 02126	■Director	8601 Sunnygrove Rd
President		□President	Chesterfield VA 23832
Vice President		□ Vice President	
Secretary	☐ Treasurer	□Secretary	□Treasurer
Other:	Other:	□Other:	
lon-indexed _i ándiv 3	Notice: Use a attachment to report more than iduals may be added to the index when filing y (Signature of Chairman, Vice Chairman, or an	our Florida Department of STHER FIFE y officer listed in number	of State Annual Report form.



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

August 21, 2024

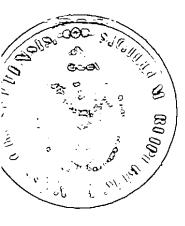
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

JEHOVAH JIR-EH MINISTRIES

is a domestic corporation organized on May 30, 2007.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws. Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which.

I have hereunto affixed the

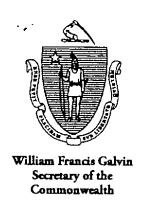
Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Mein Travin Galicin

Processed By HN



The Gommonwealth of Massachusetts Secretary of the Gommonwealth State House, Boston, Massachusetts 02133

Date: July 01, 2024

To Whom It May Concern:

I hereby certify that according to the records of this office,

JEHOVAH JIR-EH MINISTRIES

is a domestic corporation organized on May 30, 2007

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Galicin

Certificate Number: 24060506960

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: cmo