

2001 UNIFORM BUSINESS REPORT (UBR)

2/2:

FILED

Apr 04, 2001 8:00 am
Secretary of State

02-28-2001 90136 037 ****70.00

DOCUMENT # N00000002773

1. Entity Name

JESUS AND FRIENDS MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

4015 EAST 540A
LAKELAND FL 33813

4015 EAST 540A
LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3645070

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMUEL, JOHN
4015 EAST 540A
LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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 Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PRESIDENT "P"	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHN SAMUEL		
STREET ADDRESS	4015 E 540A		
CITY-ST-ZIP	LAKELAND, FL-33813		
TITLE	"T"	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JIM JOHN		
STREET ADDRESS	4015 E 540A		
CITY-ST-ZIP	LAKELAND, FL-33813		
TITLE	"D"	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORIS SAMSON		
STREET ADDRESS	252 WAVE LAND ST		
CITY-ST-ZIP	PENSACOLA, FL 32503		
TITLE	BLESSY ABRAHAM CHACKO "S"	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	252 WAVE LAND ST		
CITY-ST-ZIP	PENSACOLA, FL 32503		
TITLE	KEZIA JOHN "D"	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	4015 E 540A		
CITY-ST-ZIP	LAKELAND, FL-33813		
TITLE	RAJAMMAL JOHN "D"	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	4015 E 540A		
CITY-ST-ZIP	LAKELAND, FL-33813		

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.

SIGNATURE:

John Samuel

2/22/01

863-701-7313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)