

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90668 028 ****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 **JOHN SAMUEL**

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

2589 SUNDANCE CIR

City **MULBERRY**

FL

Zip Code
33860

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 **PD** ☐ Delete
NAME **SAMUEL, JOHN**
STREET ADDRESS **4015 E. 540 A**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **SAMUEL, JOHN PD** ☒ Change ☐ Addition
NAME **2589 SUNDANCE CIR**
STREET ADDRESS **MULBERRY, FL - 33860**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **JOHN, JIM**
STREET ADDRESS **4015 E. 540 A**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **JOHN, JIM TD** ☒ Change ☐ Addition
NAME **2589 SUNDANCE CIR**
STREET ADDRESS **MULBERRY, FL - 33860**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SAMSON, MORIES**
STREET ADDRESS **252 WAVELAND ST**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **CHACKO, BLESSY A**
STREET ADDRESS **252 WAVELAND ST**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JOHN, KEZIA**
STREET ADDRESS **4015 E. 540 A**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **JOHN KEZIA D** ☒ Change ☐ Addition
NAME **2589 SUNDANCE CIR**
STREET ADDRESS **MULBERRY, FL - 33860**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JOHN, RAJAMMAL**
STREET ADDRESS **4015 E. 540 A**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **JOHN RAJAMMAL D** ☐ Change ☐ Addition
NAME **2589 SUNDANCE CIR**
STREET ADDRESS **MULBERRY, FL - 33860**
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.

SIGNATURE:

SIGNATURE REQUIRED

3-22-02

863-701-7313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)