

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N00000005550**

1. Entity Name

**MICAH JOSHUA GENERATION, KINGDOM INC.**

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90006 007 \*\*\*\*70.00

0002250

Principal Place of Business      Mailing Address  
**PO BOX 1118**      **PO BOX 1118**  
**LYNN HAVEN FL 32444**      **LYNN HAVEN FL 32444**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**59-3665945**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HAYNES, LAVERNE**  
**RT 4 BOX 1885**  
**MADISON FL 32340**

7. Name and Address of New Registered Agent  
 Name **Michelle E. Steele**  
 Street Address (P.O. Box Number is Not Acceptable) **6522 Hiwassee street**  
 City **Callaway**      **FL**      Zip Code **32404**

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 *Michelle E. Steele*      DATE **8/3/01**  
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      \$5.00 May Be      Make Check Payable to  
 After September 12, 2001, min. will be \$236.25      Trust Fund Contribution.      Added to Fees      Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHARDSON, BOBBIE J</b> <b>1251 OAK AVE</b> <b>PANAMA CITY FL 32401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYNES, LAVERNE</b> <b>RT 4 BOX 1885</b> <b>MADISON FL 32340</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PITTMAN, PHYLLIS A</b> <input checked="" type="checkbox"/> Delete <b>760 BORDERS RD</b> <i>8-3-01</i> <b>WEWAHITCHA FL 32408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Michelle E. STEELE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6522 Hiwassee street</b> <b>Callaway FL 32404</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Richardson Bobbie J*      *8-3-01*      *850-973-1113*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE      PHONE NUMBER

CR2E037 (5/01)