

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 LYNN HAVEN FL 32444 **PO BOX 1118 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 **59-3665945**
 Applied For 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 After September 12, 2001, min. will be \$236.25
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, BOBBIE J 1251 OAK AVE PANAMA CITY FL 32401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, LAVERNE RT 4 BOX 1885 MADISON FL 32340 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, PHYLLIS A 760 BORDERS RD WEWAHITCHA FL 32408 <input checked="" type="checkbox"/> Delete 8-3-01
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	D Michelle E. STEELE 6522 Hiwassee street Callaway FL 32404 <input type="checkbox"/> Change <input checked="" 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
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**
FAX 251 872 1639

CR2E037 (5/01)