0
ň
21
23
×
×
×
0

FILED

PAX X51 872 1639

85x.Q711//

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 08, 2001 8:00 am Secretary of State DOCUMENT # N0000005550 1. Entity Name MICAH JOSHUA GENERATION, KINGDOM INC. 08-08-2001 90006 007 ****70.00 Principal Place of Business Mailing Address PO BOX 1118 PO BOX 1118 LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-36659 45 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAYNES, LAVERNE -, ; RT 4 BOX 1885 MADISON FL 32340 8. The above named entity SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Addition ☐ Delete TITLE TITLE RICHARDSON, BOBBIE J NAME NAME 1251 OAK AVE E037 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAYNES, LAVERNE NAME NAME STREET ADDRESS RT 4 BOX 1885 STREET ADDRESS CITY-ST-ZIP MADISON FL 32340 CITY-ST-ZIP 🔀 Delete TITLE ☐ Change Addition TITLE PITTMAN PHYLISS A 760 BORDERS RD WEWAHITCAKA FL 32406 Michelle E. Steele NAME 8-3-01 Hiwassee stact STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 emit

California Grandina