

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90136 001 ****61.75
 05-14-2002 90136 002 *****8.75

DOCUMENT # N00000005550

1. Entity Name

MICAH JOSHUA GENERATION, KINGDOM INC.

Principal Place of Business

Mailing Address

PO BOX 1118
 LYNN HAVEN FL 32444

PO BOX 1118
 LYNN HAVEN FL 32444

2. Principal Place of Business

3. Mailing Address

1251 OAK AVE

P.O. Box 1118

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City FLA

Lynn Haven FLA

4. FEI Number

59-3665945

Applied For

Not Applicable

Zip **32405**

Country **USA**

Zip **32444**

Country **USA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEELE, MICHELLE E
6522 HIWASSEE STREET
CALLAWAY FL 32404

7. Name and Address of New Registered Agent

Name **CARLA Kellum**

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

1322 Stephens Drive

City **Panama City FL** Zip Code **32405**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, BOBBIE J	
STREET ADDRESS	1251 OAK AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, LAVERNE	
STREET ADDRESS	RT 4 BOX 1885	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEELE, MICHELLE E	4-27-02
STREET ADDRESS	6522 HIWASSEE STREET	
CITY-ST-ZIP	CALAWAY FL 32404	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Registered agent CARLA Kellum	4-27-02
STREET ADDRESS	1322 Stephens Dr.	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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] **Richardson** **4-27-02** **850-8721113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **FLA 872-1630** Phone #

CR2E037 (9/01)