

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92200 002 \*\*\*\*70.00

**DOCUMENT # N00000005550**

1. Entity Name

**MICAH JOSHUA GENERATION, KINGDOM INC.**



Principal Place of Business

**12510 OAK AVE  
PANAMA CITY FL 32405**

Mailing Address

**PO BOX 1118  
LYNN HAVEN FL 32444**

2. Principal Place of Business

**1251 OAK AVE**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1118**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

**Panama City, FLA.**

City & State

**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

~~RELLUM, CARLA  
1322 STEPHENS DR.  
PANAMA CITY FL 32405~~

7. Name and Address of New Registered Agent

Name **Bobbie J. Richardson**

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

**1251 OAK AVE**

City **Panama City FLA FL** Zip Code **32401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Bobbie Jean Richardson*

**MAY 1, 2003**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
NAME **RICHARDSON, BOBBIE J**  
STREET ADDRESS **1251 OAK AVE**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **HAYNES, LAVERNE**  
STREET ADDRESS **RT 4 BOX 1885**  
CITY-ST-ZIP **MADISON FL 32340**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME ~~KELLUM, CARLA~~  
STREET ADDRESS **1322 STEPHENS DR**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: *Bobbie Jean Richardson*

**MAY 1, 2003**

CR2E037 (10/02)