

**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

3. Mailing Address

P.O. Box 1118

Suite, Apt. #, etc.

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARDSON, BOBBIE J</b>	
STREET ADDRESS	<b>1251 OAK AVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAYNES, LAVERNE</b>	
STREET ADDRESS	<b>RT 4 BOX 1885</b>	
CITY-ST-ZIP	<b>MADISON FL 32340</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<del>KELLUM, CARLA</del>	
STREET ADDRESS	<b>1322 STEPHENS DR</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)