

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.

City & State

Panama City, FLA.

City & State

LYNN HAVEN FLA.

Zip

32405

Country

USA

Zip

32444

Country

USA

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

**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	<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 type="checkbox"/> Delete
NAME	KELLUM, CARLA	
STREET ADDRESS	1322 STEPHENS DR	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Bobbie Jean Richardson

May 1, 2003

CR2E037 (10/02)