

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000000564

1. Entity Name

JUBILEE EVANGELISM MINISTRIES INTERNATIONAL, INC

FILED

May 02, 2002 8:00 am
Secretary of State

05-02-2002 90028 042 ****61.25

Principal Place of Business

3441 S PINE AVE NO 17
OCALA FL 34471

Mailing Address

3441 S PINE AVE NO 17
OCALA FL 34471

2. Principal Place of Business

3441 S. Pine Ave

3. Mailing Address

Suite, Apt. #, etc.

#17

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Zip

34471

Country

Marion

Zip

Country

4. FEI Number

59-369-1757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

HAMMETT, J. RANDALL
5353 SW COLLEGE RD
OCALA FL 34474

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

City

FL

Zip Code

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, 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME MAHAN, SUSAN
STREET ADDRESS 3441 S PINE AVE NO 17
CITY-ST-ZIP Ocala FL 34471

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME MAHAN, JOE
STREET ADDRESS 3441 S PINE AVE NO 17
CITY-ST-ZIP Ocala FL 34471

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME LUNDY, AMANDA J
STREET ADDRESS 801 NE 8TH AVE
CITY-ST-ZIP Ocala FL 34470

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME FRANK Mc CARLEY
STREET ADDRESS 407 SPRING DR.
CITY-ST-ZIP Ellijay, GA 30540-6108

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME Lela Jackson
STREET ADDRESS 9585-B SW 85 Ter.
CITY-ST-ZIP Ocala FL 34481

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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: Susan Kay Mahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)