2002 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2002 8:00 am DOCUMENT # N01000002590 Secrétary of State 05-21-2002 91157 046 ****70.00 JERUSALEM MINISTRIES, INC. Principal Place of Business Mailing Address 97520 912 NW 2ND ST. 912 NW 2ND ST. OKEECHOBEE FL 34973 OKEECHOBEE FL 34973 Principal Place of Business 3. Mailing Address 912 NW 2ND STREET P.O.Box 903 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FLORIDA PLORITA KEELHODEE KEELhobEE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6:-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Street Address (P.O. Box Number is Not Acceptable) ANDREWS, LARRY D 1002 NW 7TH ST. **OKEECHOBEE FL 34972** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. mln. will be \$236.25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D ☐ Delete TITLE Change ☐ Addition NAME **BROWN, CAROLYN** NAME STREET ADDRESS 942 NE 14TH AVE. STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP **OKEECHOBEE FL 34972** ☐ Delete TITLE Change Addition HOWARD, PAULA NAME STREET ADDRESS 6120 NE 72ND CIR. WEST, LOT 7 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34972 CITY: ST-7IP ☐ Delete TITLE ☐ Addition SCOTT, SHELBY NAME NAME STREET ADDRESS 1002 NW 7TH ST. STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34972 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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 empowers to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered. changed, or on an attachment with an add

SIGNATURE:

7/12/02

FILED

5/21/2002-91157-046-\$70.00-\$70.00 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N01000002590 1. Entity Name JERUSALEM MINISTRIES, INC. Principal Place of Business Mailing Address 912 NW 2ND ST. 912 NW 2ND ST. OKEECHOBEE FL 34973 OKEECHOBEE FL 34973 3. Malling Address 2. Principal Place of Business P.O. BOX 903 912 NW 2NO STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For OLEE Chobee , City & State 45-0783438 34973 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired leechobee Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANDREWS, LARRY D 1002 NW 7TH ST. OKEECHOBEE FL 34972 Zip Code City FL 3. 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/04) ☐ Addition TITLE ☐ Delete TITLE BROWN, CAROLYN NAME NAME CP2E037 STREET AUDRESS STREET ADDRESS 942 NE 14TH AVE. CITY-ST-7IP CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME HOWARD, PAULA NAME STREET ADDRESS STREET ADORESS 6120 NE 72ND CIR. WEST, LOT 7 CITY-ST-76P CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Change Addition TITLE Delete TITLE NAME Scott, Shelby ? 🚟 🖫 NAME STREET ADDRESS STREET ADDRESS 1002 NW 7TH ST. CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 emportered 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 filter ampowered. SIGNATURE: