

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90152 009 ***150.00

DOCUMENT # N02000003056

1. Entity Name
GENESIS-TO-REVELATION MINISTRY OF JESUS, INC.



Principal Place of Business

**146 COUNTRY CLUB DR.
SANFORD FL 32771**

Mailing Address

**PO BOX 79
SANFORD FL 32772-0079**

2. Principal Place of Business

Same

3. Mailing Address

PO BOX 79

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford FL

4. FEI Number

01-0683747

☒ **Applied For**

☐ **Not Applicable**

Zip

Country

Zip

Country

32772-0079

US

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

**HOOKE, KRISTEN Y
146 COUNTRY CLUB DR.
SANFORD FL 32771**

Name

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. 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

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	VP	<input type="checkbox"/> Delete
NAME	HOOKE, KRISTEN Y	
STREET ADDRESS	146 COUNTRY CLUB DR.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	(D)	<input type="checkbox"/> Delete
NAME	HOOKE, Anthony W	
STREET ADDRESS	Same as above	
CITY-ST-ZIP		
TITLE	(D)	<input type="checkbox"/> Delete
NAME	Maxwell, Eugene	
STREET ADDRESS	1401 Sunridge Dr	
CITY-ST-ZIP	Orlando FL 32808	
TITLE	Treasurer (D)	<input type="checkbox"/> Delete
NAME	Maxwell, Wanda	
STREET ADDRESS	1401 Sunridge Dr	
CITY-ST-ZIP	Orlando FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Kristen Y Hooke **REQUIRED**

407-328-6434

CR2E037 (10/02)