

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004055

FILED  
Feb 27, 2003  
Secretary of State

Entity Name: 4 JESUS MINISTRIES, INC.

## Current Principal Place of Business:

913 NORTH UNION CIRCLE  
DELTONA, FL 32765

## New Principal Place of Business:

## Current Mailing Address:

913 NORTH UNION CIRCLE  
DELTONA, FL 32765

## New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A1A CORPORATE SERVICES INC.  
218 SOUTHERN COUNTY LANE  
QUINCY, FL 22351 US

## Name and Address of New Registered Agent:

BOGGS, GREGORY D  
913 N. UNION CIR  
DELTONA, FL 327225 US

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: GREGORY D BOGGS

02/27/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BOGGS, GREG  
Address: 913 NORTH UNION CIRCLE  
City-St-Zip: DELTONA, FL 32765

Title: D ( ) Delete  
Name: COKER, CHARLES  
Address: 913 NORTH UNION CIRCLE  
City-St-Zip: DELTONA, FL 32765

Title: D ( ) Delete  
Name: MATHER, TIM  
Address: 913 NORTH UNION CIRCLE  
City-St-Zip: DELTONA, FL 32765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: COKER, CHARLES  
Address: 620 WHITHEAD DR  
City-St-Zip: DELTONA, FL 32765

Title: D (X) Change ( ) Addition  
Name: ESTES, JOHN  
Address: 1204 FEATHER DR  
City-St-Zip: DELTONA, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG D BOGGS

PD

02/27/2003

Electronic Signature of Signing Officer or Director

Date