

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # **ND6000006199**

1. Entity Name **"Jesus" The Unfold Mysteries, Hidden Truth Ministries Inc.**



FILED

2007 APR 25 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2403 SAXSON ST.

3. Mailing Address

P.O. Box 5372

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Florida, Tallahassee

Zip

32301

Country

LEON

Zip

32301

Country

LEON

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

CR2E037B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Elouise McKnight**

Street Address (P.O. Box Number is Not Acceptable)
1515 Paul Russell Road

City **Tallahassee**

FL

Zip Code **32301**

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

Elouise McKnight

Signature, typed or printed name of registered agent and title if applicable.

Elouise McKnight

(NOTE: Registered Agent signature required when reinstating)

DATE

800100376898

04/01/07--01023--281,100

FEE IS \$61.25

Initial or Amended AR

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

TITLE **WALKER, Caroline (S)**
NAME
STREET ADDRESS **1803 DEBRA DRIVE**
CITY-ST-ZIP **Tallahassee, Fla. 32303**

TITLE **STEVEN ODOM (P)**
NAME
STREET ADDRESS **3065 Royal Lane**
CITY-ST-ZIP **Tallahassee Fla. 32311**

TITLE **mytoshi peterson (T)**
NAME
STREET ADDRESS **207 Coble Drive**
CITY-ST-ZIP **Tallahassee Fla. 32301**

TITLE **Edna M. Wilford (VP)**
NAME
STREET ADDRESS **144 Dorsey Smith Lane**
CITY-ST-ZIP **Quincy Fla. 32305**

TITLE **BARBARA Randall (A/S)**
NAME
STREET ADDRESS **4345 Lost Pine Drive**
CITY-ST-ZIP **Tallahassee Fla. 32305**

TITLE **Elouise McKnight (Pastor)**
NAME
STREET ADDRESS **1515 Paul Rd, Apt 84**
CITY-ST-ZIP **Tallahassee, Fla 32311**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

Elouise McKnight

5/1/07