

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90073 047 ****61.25

DOCUMENT # N13707
1. Entity Name
...IN THE NAME OF JESUS MINISTRIES, INC.

Principal Place of Business Mailing Address
C/O STEPHANNIE L. DACOSTA, ATTY.
1980 N. ATLANTIC AVE., SUITE 602
COCOA BEACH FL 32931 C/O STEPHANNIE L. DACOSTA, ATTY.
1980 N. ATLANTIC AVE., SUITE 602
COCOA BEACH FL 32931-3274

AAU18554

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **59-2859186** Not

5. Certificate of Status Desired **\$8.75** Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DACOSTA, STEPHANNIE L.
1980 NORTH ATLANTIC AVENUE
SUITE 602
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | O'BRIEN, HOLLIE L. | |
| STREET ADDRESS | 1525 MINUTEMAN CSWY, #105 | |
| CITY-ST-ZIP | COCOA BEACH FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WITTBOLD, JANE C. | |
| STREET ADDRESS | 500 CATALINA RD #306 | |
| CITY-ST-ZIP | COCOA BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRAGG, VIVIAN | |
| STREET ADDRESS | 657 ROCKLEDGE DRIVE | |
| CITY-ST-ZIP | ROCKLEDGE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, JIMMIE | |
| STREET ADDRESS | 104 RIDGECREST RD | |
| CITY-ST-ZIP | LAGRANGE GA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | QUINN, CAROLYN W | |
| STREET ADDRESS | 782 CLAYTON GOOCH | |
| CITY-ST-ZIP | DAHLONEGA GA 30533 | |
| TITLE | MD | <input type="checkbox"/> Delete |
| NAME | IVANCHAK, MARC | |
| STREET ADDRESS | BOX 320735 | |
| CITY-ST-ZIP | COCOA BCH FL 32931 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Change |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change |
| NAME | |
| STREET ADDRESS | 690 OSCEOLA AVE #502 |
| CITY-ST-ZIP | WINTER PARK FLA 327 |
| TITLE | <input type="checkbox"/> Change |
| NAME | |
| STREET ADDRESS | 1455 BROOK DRIVE |
| CITY-ST-ZIP | MELBOURNE FLA. 32935 |
| TITLE | <input type="checkbox"/> Change |
| NAME | |
| STREET ADDRESS | 149 GABBETVILLE CR, |
| CITY-ST-ZIP | LAGRANGE GA 302 |
| TITLE | <input type="checkbox"/> Change |
| 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Wittbold P.D. 1-31-00 (407) 622-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #