

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

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

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change 690 OSCEOLA AVE #502 WINTER PARK FLA 327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change 1455 BROOK DRIVE MELBOURNE FLA. 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change 149 GABETVILLE CR, LAGRANGE GA 302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

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