

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90101 015 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

STEPHANNE L. DACOSTA, ATTY.

4205 CROOKED MILE RD.

MERRITT ISLAND FL

32952-6303

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2859186

Applied For

Not Applicable

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

DACOSTA, STEPHANNIE L
1980 NORTH ATLANTIC AVENUE
SUITE 602
COCOA BEACH FL 32931

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

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	690 OSCEOLA AVE 502	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAGG, VIVIAN	
STREET ADDRESS	1455 BROOK DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JIMMIE	
STREET ADDRESS	149 GABETVILLE CR	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTBOLD, JANE C.	
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		

CR2E037 (9/01)

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (407) 622-2549
 Date Daytime Phone #