

# 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  
 NAME O'BRIEN, HOLLIE L.  
 STREET ADDRESS 1525 MINUTEMAN CSWY, #105  
 CITY-ST-ZIP COCOA BEACH FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
 NAME WITTBOLD, JANE C.  
 STREET ADDRESS 690 OSCEOLA AVE 502  
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE PD  
 NAME WITTBOLD, JANE C.  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
 NAME BRAGG, VIVIAN  
 STREET ADDRESS 1455 BROOK DRIVE  
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE D  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
 NAME SMITH, JIMMIE  
 STREET ADDRESS 149 GABETVILLE CR  
 CITY-ST-ZIP LAGRANGE GA

TITLE D  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
 NAME QUINN, CAROLYN W  
 STREET ADDRESS 782 CLAYTON GOOCH  
 CITY-ST-ZIP DAHLONEGA GA 30533

TITLE D  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MD  
 NAME IVANCHAK, MARC  
 STREET ADDRESS BOX 320735  
 CITY-ST-ZIP COCOA BCH FL 32931

TITLE MD  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (407) 622-2549

Date

Daytime Phone #

CR2E037 (9/01)