2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

STUART FL 34994

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1410C PALM CITY AVENUE

DOCUMENT # **N46899**

1. Entity Name

STUART FL 34994

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

CIANCA, INEZ Y

STUART FL 34994

1410C PALM CITY AVENUE

the obligations of registered agent.

City & State

Zip

SIGNATURE

1410C PALM CITY AVENUE

THE JESUS LIVES MINISTRIES INCORPORATED

Country

6. Name and Address of Current Registered Agent

|--|

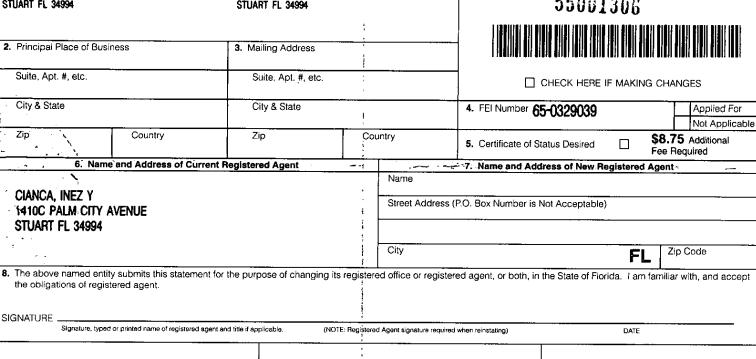
Country

Name

FILED Jan 15, 2003 8:00 am **Secretary of State**

01-15-2003 90132 001 ****61.25 01-15-2003 90132 002 *****8.75

55001306



Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition MARY TOR FRYE NAME NAME **802 STAFFORD DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIE STUART FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MARY ANN BRYANT NAME NAME 517 S.W 21ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIE OKEECHOBEE FL 34974 --CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition **BOB & TOBBIE NEAL** NAME STREET ADDRESS 63505 E. LAKE CIR STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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:

Ingy. Ceanca SIGNATURE REQUIRED