

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM****Secretary of State****DOCUMENT # N93000000465****1. Entity Name****JESUS IS ALIVE OUTREACH MINISTRIES, GRACE AND GLORY CHURCH, INTERNATIONAL INCORPORATED****Principal Place of Business****Mailing Address**1332 AVON LANE
10-11
N LAUDERDALE
33068
USP.O. BOX 611342
NORTH MIAMI
33261
FL**2. Principal Place of Business**

2065 NW 15TH PLACE

3. Mailing Address

P.O. BOX 8343

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH

FL

City & State

DELRAY BEACH

FL

4. FEI Number**65-0337052****Applied For**

Not Applicable

Zip
33445Country
USZip
33482

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**PRICE D J
1332 AVON LANE 10-11NO LAUDERDALE
33068
US

FL

7. Name and Address of New Registered Agent**Name**

PRICE D J

Street Address (P.O. Box Number is Not Acceptable)
2065 NW 15TH PLACECity
DELRAY BEACH

FL

Zip Code
33445**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 **DR DJ PRICE****04/19/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE KATHLEEN R	
STREET ADDRESS	373 #111 PRINCETON AVE.	
CITY-ST-ZIP	OTTAWA, ONTARIO, CANADA K2A4E1	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE AMY I	
STREET ADDRESS	1332 AVON LN 10-11	
CITY-ST-ZIP	NO LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE DAVID J	
STREET ADDRESS	1332 AVON LN 10-11	
CITY-ST-ZIP	NO LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE KATHLEEN R	
STREET ADDRESS	2065 NW 15TH PLACE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE AMY I	
STREET ADDRESS	2065 NW 15TH PLACE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE DAVID J	
STREET ADDRESS	2065 NW 15TH PLACE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dr DJ Price

D

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)