

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002088

1. Entity Name

GENERATION JESUS KID'S HOUSE MINISTRIES, INC.

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90021 028 ****61.25

Principal Place of Business

501 BUCKINGHAM AVENUE
MELBOURNE FL 32935

Mailing Address

501 BUCKINGHAM AVENUE
MELBOURNE FL 32935

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3384672

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DEARDRA L
501 BUCKINGHAM AVENUE
MELBOURNE FL 32935

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

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

After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME D
STREET ADDRESS JOHNSON, DEARDRA L
CITY-ST-ZIP 501 BUCKINGHAM AVENUE
MELBOURNE FL

TITLE ☐ Delete
NAME T
STREET ADDRESS JOHNSON, DEREK A
CITY-ST-ZIP 501 BUCKINGHAM AVENUE
MELBOURNE FL

TITLE ☐ Delete
NAME D
STREET ADDRESS MITCHELL, WILLIE MAE
CITY-ST-ZIP 1131 TARPON DRIVE
ROCKLEDGE FL

TITLE ☐ Delete
NAME VD
STREET ADDRESS GORDON, JACQUELINE
CITY-ST-ZIP 1407 GLENCOVE AVE.
PALM BAY FL

TITLE ☐ Delete
NAME TS
STREET ADDRESS DAVIS, GREGORY L.
CITY-ST-ZIP 1101 E. UNIVERSITY BLVD.
MELBOURNE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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)(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

Date

Daytime Phone #

CI-2E037 (5/00)