

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000002489**

1. Entity Name

**THE JESUS JOURNAL, INC.****FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90036 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1916 LAWSON ROAD  
TALLAHASSEE FL 32308****1916 LAWSON ROAD  
TALLAHASSEE FL 32308**

800400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**31-1466664**

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

**SAVAGE, MICHAEL E  
1916 LAWSON ROAD  
TALLAHASSEE FL 32308**

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	SAVAGE, MICHAEL E	
STREET ADDRESS	1916 LAWSON ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROWE, KEITH A	
STREET ADDRESS	5746 TALLAPOOSA COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARMODY, JOHN J	
STREET ADDRESS	167 FAIRHILL DRIVE	
CITY-ST-ZIP	WILMINGTON DE 19808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Shawnee M. Savage	
STREET ADDRESS	1916 Lawson Rd.	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	D Dennis Moreau	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9496 Lisa	
STREET ADDRESS	Tallahassee FL 32311	
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		

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 #

**Michael E. Savage** 4-16-2001 410-3667

CR2E037 (10/00)