

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000380

1. Entity Name

JEHOVAH JIREH MINISTRIES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90087 025 ****61.25

Principal Place of Business

Mailing Address

1215 ALAMANDA LANE
COCOA FL 32922

1215 ALAMANDA LANE
COCOA FL 32922-6779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3495053

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

LOWERY, KATHLEEN
1215 ALAMANDA LANE
COCOA FL 32922

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	PD	<input type="checkbox"/> Delete
NAME	LOWERY, JOHN	
STREET ADDRESS	1215 ALAMANDA LANE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORNELISON, TIM	
STREET ADDRESS	334 PALM AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNHAM, JIM	
STREET ADDRESS	55 NEEDLE BLVD #81	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, AL	
STREET ADDRESS	978 SARAZEN DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTIAGO, BEN	
STREET ADDRESS	6365 IRVING RD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	T	<input type="checkbox"/> Delete
NAME	STICKLEY, KAETHE	
STREET ADDRESS	1215 ALAMANDA LANE	
CITY-ST-ZIP	COCOA FL 32922	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Stickley	
STREET ADDRESS	6710 Grissom Parkway	
CITY-ST-ZIP	Cocoa, FL 32927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wally Cook	
STREET ADDRESS	4975 Pinewood Place	
CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Lowery	
STREET ADDRESS	1215 Alameda Lane	
CITY-ST-ZIP	Cocoa, FL 32922	
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:

Kathleen Lowery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/2000

321-799-3004

X245

CR2E037 (9/99)