

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

N98000000380 ✓

JEHOVAH JIREH MINISTRIES, INC.

Principal Place of Business

Mailing Address

1215 ALAMANDA LANE
COCOA, FLORIDA 32922

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, FLORIDA 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOWERY, JOHN 1215 ALAMANDA LANE, COCOA, FL 32922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELISON, TIM 1415 FISKE BLVD., COCOA, FL 32922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNHAM, JIM 55 NEEDLE BLVD #1, MERITT ISLAND, FLORIDA 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, AL 978 SARAZEN DR., ROCKLEDGE, FLORIDA 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, BEN 6365 IRVING ROAD, COCOA, FLORIDA 32927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STICKLEY, KAETHE 6710 GRISSOM PARKWAY, COCOA, FLORIDA 32927	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STICKLEY, JAMES 6710 GRISSOM PARKWAY, COCOA, FL 32927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (Kathleen Lowery) 3/25/2001 (321) 637-7021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90055 049 ****61.75

A0039801

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)

Attachment
AW39801
D/H N98000380

JEHOVAH JIREH MINISTRIES, INC.

CONTINUATION OF OFFICERS/DIRECTORS:

TITLE	S
NAME	LOWERY, KATHLEEN
STREET ADDRESS	1215 ALAMANDA LANE
CITY-ST-ZIP	COCOA, FLORIDA 32922

TITLE	D
NAME	COOK, WALLY
STREET ADDRESS	4975 PINWOOD PLACE
CITY-ST-ZIP	COCOA, FLORIDA 32926