FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 24, 2002 8:00 am Secretary of State DOCUMENT # **N98000000380** 1. Entity Name 05-24-2002 90561 016 ****61.25 JEHOVAH JIREH MINISTRIES, INC. Mailing Address Principal Place of Business 1215 ALAMANDA LANE 1215 ALAMANDA LANE A V V V V F COCOA FL 32922 COCOA FL 32922 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3495053 Not Applicable 7in Country \$8.75 Additional Country Zip. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LOWERY, KATHLEEN 1215 ALAMANDA LANE COCOA FL 32922 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 🛮 Delete Change Addition TITLE TITLE Kathleen Lowery STICKLEY, JAMES NAME NAME 1215 Hlamanda Lane STREET ADDRESS STREET ADDRESS 6710 GRISSOM PKWY Cocoa, FL 32422 CITY-ST-7IP CITY-ST-ZIP COCOA FL 32927 🔼 Change Addition Delete TITLE TITLE Kathleen Lowery 1215 Alamanda L CORNELISON, TIM NAME STREET ADDRESS 1415 FISKE BLVD STREET ADDRESS Locoa, FL 32922 CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 **X** Change Addition Delete TITLE Kathleen Lowery 1215 Alamanda-Lan NAME Burnham, Jim NAME STREET ADDRESS 55 NEEDLE BLVD #81 -STREET ADDRESS FL 32921 CITY-ST-7IP CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Change Addition 🗶 Delete TITLE TITLE WILSON, AL NAME NAME STREET ADDRESS STREET ADDRESS 978 SARAZEN DR CITY-ST-ZIP CITY-ST-ZIP **ROCKLEDGE FL 32955** ☐ Addition ☐ Change Delete SANTIAGO, BEN NAME NAME STREET ADDRESS STREET ADDRESS 6365 IRVING RD CITY-ST-ZIP CITY-ST-ZIP **COCOA FL 32927**

12. Thereby 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STICKLEY, KAETHE

COCOA FL 32927

6710 GRISSOM PKWY

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

🔀 Delete

Change

Addition