

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90315 046 ***150.00

DOCUMENT # **P97000082913**

1. Entity Name

INLAND Empires Financial SRV. INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

INLAND Empires Mortgage

Suite, Apt. #, etc.

1220 Conservancy Dr. E.

City & State

Tallahassee FL.

Zip

32312

Country

Leon

3. Mailing Address

1220 Conservancy Dr. E.

Suite, Apt. #, etc.

City & State

Tallahassee FL.

Zip

32312

Country

Leon

4. FEI Number

59-346-8292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Christine Jenkins
1220 Conservancy Dr. E.
Tallahassee FL. 32312

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. I am familiar with, and accept the obligation of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President:** ☐ Delete
NAME **Bishop Walter Jenkins**
STREET ADDRESS **1220 Conservancy Dr E Tallahassee FL.**
CITY-ST-ZIP **32312**

TITLE **Vice President:** ☐ Delete
NAME **Christine Jenkins**
STREET ADDRESS **1220 Conservancy Dr. E.**
CITY-ST-ZIP **Tallahassee FL. 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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 607, 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:

Christine Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

850-894-0651

Daytime Phone #