

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003085

**FILED  
Mar 31, 2014  
Secretary of State  
CC1407917401**

**Entity Name:** HOUSE OF JACOB MINISTRIES, INC.

**Current Principal Place of Business:**

19460 E PENNSYLVANIA AVE  
DUNNELLON, FL 34432

**Current Mailing Address:**

P.O. BOX 1969  
DUNNELLON, FL 34430

**FEI Number: 41-2061229**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NIEDERMAYER, JACK E  
22281 SW PINE BLUFFS RD  
DUNNELLON, FL 34431 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name NIEDERMAYER, JACK E  
Address 22281 SW PINE BLUFF RD  
City-State-Zip: DUNNELLON FL 34431

Title DVT  
Name NIEDERMAYER, MARY E  
Address 22281 SW PINE BLUFF RD  
City-State-Zip: DUNNELLON FL 34431

Title DS  
Name JAMES, NIEDERMAYER A  
Address 20650 SW 102 ST RD  
City-State-Zip: DUNNELLON FL 34431

Title D  
Name RAMON, ELI  
Address 8391 SW 202ND TERRACE  
City-State-Zip: DUNNELLON FL 34431

Title D  
Name MICHELLE, GUNTER  
Address 19880 SW 107TH LN  
City-State-Zip: DUNNELLON FL 34432

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JACK NIEDERMAYER**

**PRESIDENT**

**03/31/2014**

Electronic Signature of Signing Officer/Director Detail

Date