2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008703

Entity Name: THE JESUS ALLIANCE, INC

Current Principal Place of Business:

123 COVEY RISE LN MONTICELLO. FL 32344

Current Mailing Address:

P.O. BOX 851

MONTICELLO, FL 32345 US

FEI Number: 47-1612692 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HANWAY, ERICA 123 COVEY RISE LN MONTICELLO, FL 32344 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: ERICA HANWAY 06/13/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title CEO Title DIRECTOR

Name PHILLIPS, MICHAEL Name WILLIAMSON, MICHAEL

Address P.O. BOX 851 Address P.O. BOX 851

City-State-Zip: MONTICELLO FL 32345 City-State-Zip: MONTICELLO FL 32345

Title DIRECTOR Title DIRECTOR

Name WILLIAMS, RYAN Name STARNS, JEREMY

Address P.O. BOX 851 Address P.O. BOX 851

City-State-Zip: MONTICELLO FL 32345 City-State-Zip: MONTICELLO FL 32345

TitleDIRECTORTitleSECRETARYNameSMITH, DUSTINNameHANWAY, ERICAAddressP.O. BOX 851AddressP.O. BOX 851

City-State-Zip: MONTICELLO FL 32345 City-State-Zip: MONTICELLO FL 32345

Title CHAIRMAN Title DIRECTOR

Name HICKOX, BRYAN Name GIRMAN, ANNETTE

Address P.O. BOX 851 Address P.O. BOX 851

City-State-Zip: MONTICELLO FL 32345

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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: MICHAEL PHILLIPS PRESIDENT 06/13/2024

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jun 13, 2024

Secretary of State

3662218871CC

Date

Officer/Director Detail Continued:

Title TREASURER Title DIRECTOR

Name FIFE, JONATHAN Name CALDERON, MANUEL

Address P.O. BOX 851 Address P.O. BOX 851

City-State-Zip: MONTICELLO FL 32345 City-State-Zip: MONTICELLO FL 32345

Title DIRECTOR Title DIRECTOR

Name GARRETT, BRADLEY Name FARLEY, SCOTT

Address P.O. BOX 851 Address P.O. BOX 851

City-State-Zip: MONTICELLO FL 32345 City-State-Zip: MONTICELLO FL 32345