#### **2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N14000008703

Entity Name: THE JESUS ALLIANCE, INC

**Current Principal Place of Business:** 

123 COVEY RISE LN MONTICELLO, FL 32344

Sep 25, 2023 **Secretary of State** 

1699889063CR

**FILED** 

## **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 09/25/2023

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title CEO Title DIRECTOR

PHILLIPS, MICHAEL WILLIAMSON, MICHAEL Name Name

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

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

Title DIRECTOR Title DIRECTOR

Name STARNS, JEREMY Name WILLIAMS, RYAN

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

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

**SECRETARY** Title **DIRECTOR** Title Name HANWAY, ERICA SMITH, DUSTIN Name Address P.O. BOX 851 P.O. BOX 851 Address

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

Title DIRECTOR Title **CHAIRMAN** 

Name GIRMAN, ANNETTE HICKOX, BRYAN Name

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

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

#### Continues on page 2

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.

09/25/2023 SIGNATURE: MICHAEL PHILLIPS **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

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