2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807580

Entity Name: SUPREME COUNCIL OF THE HOUSE OF JACOB OF THE

UNITED STATES OF AMERICA

Current Principal Place of Business:

25645 TR 39 COSHOCTON, OH 43812 FILED
Jan 23, 2025
Secretary of State
8162192204CC

Current Mailing Address:

POST OFFICE BOX 310 COSHOCTON, OH 43812 US

FEI Number: 31-6401813 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MONTGOMERY, SALEM SR. 10150 JOE EBERT ROAD SEFFNER, FL 33584 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 DIRECTOR Title SECRETARY

NamePEARSON, BISHOP JNameGRIMES, CAROLYN LAddress45651 TR 28Address26094 COUNTY ROAD 24City-State-Zip:COSHOCTON OH 43812City-State-Zip:COSHOCTON OH 43812

Title CHAIRMAN Title DIRECTOR

NameTERRELL, JAMES ANameNORMAN, E HUBBARD JR.Address13151 LORETTO ROADAddress3036 CYPRESS DRIVECity-State-Zip:PRINCESS ANNE MD 21853City-State-Zip:ST. CHARLES MO 63301

TitleDIRECTORTitleDIRECTORNameODOM, CHERYLNameSIMS, GEORGE

Address 2660 TREADWAY DRIVE Address 190 SOUTH WILDWOOD

City-State-Zip: DECATUR GA 30034 City-State-Zip: HERCULES CA 94547

TitleDIRECTORTitleDIRECTORNameFAITH, MARK S.NameDRYER, LEMUELAddress14811 HEAVENLY ACRES RIDGEAddress1716 FLINT LANE

City-State-Zip: HANCOCK MD 21750 City-State-Zip: COSHOCTON OH 43812

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: CAROLYN L. GRIMES

SECRETARY

01/23/2025