

Robin Carnahan Secretary of State
2005 ANNUAL REGISTRATION REPORT
NONPROFIT

**File Number: 200528990096
N00019216
Date Filed: 10/16/2005
Robin Carnahan
Secretary of State**

REPORT DUE BY: **08/31/2005**

ORGANIZED UNDER THE LAWS OF:
Missouri

**N00019216
JUBILATION MINISTRIES, INC.
STEVEN J. GRAY
9900 VIEW HIGH DR. POB 9699
KANSAS CITY, MO 64134**

1 **PRINCIPAL PLACE OF BUSINESS OR
CORPORATE HEADQUARTERS:**
9900 View High Drive
STREET
Kansas City, MO 64134
CITY/STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

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The new registered agent

**IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW
REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.**

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The new registered office address **9900 View High Drive Kansas City MO 64134**

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT
ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW.

PRES Steven J Gray
STREET/RT 605 NW Riven Rock Trail
CITY/STATE/ZIP Lees Summit, MO 64081
V-PRES Kathy S Gray
STREET/RT 605 NW Riven Rock Trail
CITY/STATE/ZIP Lees Summit, MO 64081
SEC'Y Bobbie J King
STREET/RT 1512 SE 11th
CITY/STATE/ZIP Lees Summit, MO 64081
TREAS Bobbie J King
STREET/RT 1512 SE 11th
CITY/STATE/ZIP Lees Summit, MO 64081

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT
ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW.

NAME Steven J Gray
STREET/RT 605 NW Riven Rock Trail
CITY/STATE/ZIP Lees Summit, MO 64081
NAME Kathy S Gray
STREET/RT 605 NW Riven Rock Trail
CITY/STATE/ZIP Lees Summit, MO 64081
NAME Bobbie J King
STREET/RT 1512 SE 11th
CITY/STATE/ZIP Lees Summit, MO 64081
NAME Christine Meuli
STREET/RT 727 NE Tudor Road
CITY/STATE/ZIP Lees Summit, MO 64086

The undersigned understands that false statements made in this report are punishable for the crime of making a false
declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

Kathy S Gray

(Required)

Please print name and title of signer:

Kathy S Gray

/

Vice President

NAME

TITLE

REGISTRATION REPORT FEE IS:

___ \$10.00 If filed on or before 8/31

___ \$15.00 If filed after 8/31

Corporation will be administratively dissolved if report is not
filed by November 30th.

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE,
BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL
INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102

Robin Carnahan Secretary of State

2005 ANNUAL REGISTRATION REPORT

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

DIRECTOR

WILLIAM GILPIN

1118 NE COLUMBUS

LEES SUMMIT, MO 64086