Robin Carnahan Secretary of State
2008 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 200824091628
N00019216
Date Filed: 08/27/2008
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2008**

ORGANIZED UNDER THE LAWS OF: **Missouri**

N00019216
JUBILATION MINISTRIES, INC.
STEVEN J. GRAY
9900 View High Drive
Kansas City, MO 64134

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

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

☐ 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.

☐ The new registered office address _____
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3

OFFICERS

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

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**

BOARD OF DIRECTORS

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

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**

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 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 Gray** (Required)

Please print name and title of signer: **Kathy 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
2008 ANNUAL REGISTRATION REPORT

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

DIRECTOR
WILLIAM GILPIN
1118 NE COLUMBUS
LEES SUMMIT, MO 64086