

Jason Kander Secretary of State
2013-2014 BIENNIAL REGISTRATION REPORT
NONPROFIT

File Number: 201321980381

N00019216

Date Filed: 08/07/2013

Jason Kander

Secretary of State

☒ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

REPORT DUE BY: **08/31/2013**

N00019216

JUBILATION MINISTRIES, INC.

STEVEN J. GRAY

9900 View High Drive

Kansas City, MO 64134

ORGANIZED UNDER THE LAWS OF:

Missouri

**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.

☐

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

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

SECY 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 Sue Gray

(Required)

Please print name and title of signer:

Kathy Sue Gray

/

Vice President

NAME

TITLE

REGISTRATION REPORT FEE IS:

____ \$20.00 If filed on or before 8/31

____ \$25.00 If filed after 8/31

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

**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: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102

Jason Kander Secretary of State

2013-2014 BIENNIAL REGISTRATION REPORT

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

DIRECTOR

WILLIAM GILPIN

1118 NE COLUMBUS

LEES SUMMIT, MO 64086