

Jason Kander Secretary of State
 2015-2016 BIENNIAL REGISTRATION REPORT
 NONPROFIT

N00019216
Date Filed: 8/14/2015
Jason Kander
Missouri Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

* SECTION 1, 3 & 4 ARE REQUIRED

<input type="text" value="REPORT DUE BY: 8/31/2015"/>		ORGANIZED UNDER THE LAWS OF: Missouri																																			
N00019216 JUBILATION MINISTRIES, INC. STEVEN J. GRAY 9900 VIEW HIGH DRIVE KANSAS CITY MO 64134		PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 9900 View High Drive (Required) STREET Kansas City MO 64134 CITY / STATE ZIP																																			
<p>2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.</p> <p><input type="checkbox"/> The new registered agent _____</p> <p>IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.</p> <p><input type="checkbox"/> The new registered office address _____</p> <p>Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.</p>																																					
<p>3</p> <table border="1"> <tr> <td colspan="2"> OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW </td> </tr> <tr> <td> PRESIDENT STREET </td> <td> Gray, Steven 605 NW Riven Rock Trl </td> </tr> <tr> <td> CITY/STATE/ZIP </td> <td> Lees Summit MO 64081 </td> </tr> <tr> <td> SECRETARY STREET </td> <td> King, Bobbie 605 NW Riven Rock Trl </td> </tr> <tr> <td> CITY/STATE/ZIP </td> <td> Lees Summit MO 64081 </td> </tr> <tr> <td> VICE PRESIDENT STREET </td> <td> Gray, Kathy 605 NW Riven Rock Trl </td> </tr> <tr> <td> CITY/STATE/ZIP </td> <td> Lees Summit MO 64081 </td> </tr> <tr> <td> STREET </td> <td></td> </tr> <tr> <td> CITY/STATE/ZIP </td> <td></td> </tr> </table>		OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW		PRESIDENT STREET	Gray, Steven 605 NW Riven Rock Trl	CITY/STATE/ZIP	Lees Summit MO 64081	SECRETARY STREET	King, Bobbie 605 NW Riven Rock Trl	CITY/STATE/ZIP	Lees Summit MO 64081	VICE PRESIDENT STREET	Gray, Kathy 605 NW Riven Rock Trl	CITY/STATE/ZIP	Lees Summit MO 64081	STREET		CITY/STATE/ZIP		<p>BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW</p> <table border="1"> <tr> <td> NAME STREET </td> <td> Meuli, Christine 605 NW Riven Rock Trl </td> </tr> <tr> <td> CITY/STATE/ZIP </td> <td> Lees Summit MO 64081 </td> </tr> <tr> <td> NAME STREET </td> <td> Gilpin, William 605 NW Riven Rock Trl </td> </tr> <tr> <td> CITY/STATE/ZIP </td> <td> Lees Summit MO 64081 </td> </tr> <tr> <td> NAME STREET </td> <td> King, Bobbie 605 NW Riven Rock Trl </td> </tr> <tr> <td> CITY/STATE/ZIP </td> <td> Lees Summit MO 64081 </td> </tr> <tr> <td> NAME STREET </td> <td></td> </tr> <tr> <td> CITY/STATE/ZIP </td> <td></td> </tr> </table>		NAME STREET	Meuli, Christine 605 NW Riven Rock Trl	CITY/STATE/ZIP	Lees Summit MO 64081	NAME STREET	Gilpin, William 605 NW Riven Rock Trl	CITY/STATE/ZIP	Lees Summit MO 64081	NAME STREET	King, Bobbie 605 NW Riven Rock Trl	CITY/STATE/ZIP	Lees Summit MO 64081	NAME STREET		CITY/STATE/ZIP	
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<p>NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED</p>																																					
<p>4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable.</p>																																					
<p>Authorized party or officer sign here</p>		<p>Kathy Gray (Required)</p>																																			
<p>Please print name and title of signer:</p>		<p>Kathy Gray / Vice President</p>	<p>NAME TITLE</p>																																		
<p>REGISTRATION REPORT FEE IS: \$20.00 If filed on or before 8/31/2015 \$25.00 If filed after 9/30/2015</p>		<p>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</p>																																			
<p>Corporation will be administratively dissolved if report is not filed by 11/29/2017</p>																																					
<p>E-MAIL ADDRESS (OPTIONAL): _____</p>																																					