

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

REPORT DUE BY: <u>8/31/2015</u>

N00019216
JUBILATION MINISTRIES, INC.
STEVEN J. GRAY
9900 VIEW HIGH DRIVE
KANSAS CITY MO 64134

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 9900 View High Drive (Required) 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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.
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	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>	A	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>	B
3	<u>PRESIDENT</u> Gray, Steven STREET 605 NW Riven Rock Trl CITY/STATE/ZIP Lees Summit MO 64081 <u>SECRETARY</u> King, Bobbie STREET 605 NW Riven Rock Trl CITY/STATE/ZIP Lees Summit MO 64081 <u>VICE PRESIDENT</u> Gray, Kathy STREET 605 NW Riven Rock Trl CITY/STATE/ZIP Lees Summit MO 64081 STREET CITY/STATE/ZIP		<u>NAME</u> Meuli, Christine STREET 605 NW Riven Rock Trl CITY/STATE/ZIP Lees Summit MO 64081 <u>NAME</u> Gilpin, William STREET 605 NW Riven Rock Trl CITY/STATE/ZIP Lees Summit MO 64081 <u>NAME</u> King, Bobbie STREET 605 NW Riven Rock Trl CITY/STATE/ZIP Lees Summit MO 64081 <u>NAME</u> STREET CITY/STATE/ZIP	
	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 576.060 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: ___\$20.00 If filed on or before 8/31/2015 ___\$25.00 If filed after 9/30/2015 Corporation will be administratively dissolved if report is not filed by 11/29/2017

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): _____