2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F03000001368

1. Entity Name

THE OFFICE OF OVERSEER FOR J AND R RESOURCES AND HIS SUCCESSORS, A CORPORATION SOLE



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

2610 N 52ND STREET PHOENIX, AZ 85008

COCOA BEACH, FL 32931

Mailing Address

PO BOX 80115 PHOENIX, AZ 85060



04202004 No Chg-NP

CR2E037 (10/03)

4. FEI Number Applied For 72-1555998 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

THE OFFICE OF PRESIDING ELDER FOR SOLE RES DO NOT WRITE OURCES MISSION & HIS SUCCESSORS, CORP SOLE 1980 N. ATLANTIC AVENUE, SUITE 602 IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE					
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finance Trust Fund Contribution.	ing 🖂	\$5.00 May Be Added to Fees	U00000138967 04/26/04-80023-607 61.25
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC RUSSELL, JOSEPH A 2610 N 52ND STREET PHOENIX, AZ 85008				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADORESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
THTLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY+ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					