

Idaho Corporation Annual Report Form



Name	ectors names and business ad	Business Address	t if necessary. City, State, Zip	e Idaho
(5) Board of Dire	ectors names and business ad	MASSES (With zip code). Attach additional shee	t if necessary.	
TREASUR	ectors named Boylandings and	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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	WILLIAM	4N 1 (4)	berst	
PRESIDE	MI AIL AONO	Lange KANIMA I SONT	age Dr MERIDIAN, 1D 8360	<u>∕6</u> 4
Title	Name	Business Address	City, State, Zip	
(4) Corporations	s: Enter names and business a	ddresses (with zip code) of the President, Vice	President, Secretary, Treasurer.	Ω
		- 197-7-2WEWE) above, the new agent must sign here to accept the appointment	<u>.</u> H
(3) New Regi	istered Agent (RA) Sigr			<u>_</u> H
	Note: The Re	gistered Office address must be a physical l	uano address (no postal box).	
	Nata. The De	wintered Office address months a whorisely	daha addusas (na pastal hav)	Ϋ́
MERIDIAN, II	D 83646			CelVed
421 E SANTI				Ĵ
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: PASTOR JONATHAN WAKADIMA				C)
				7. 0
WENDIAN, IL	D 03040-3008			ין ב
421 E SANTIA	AGO DR D 83646-3859			ū
	ELLOWSHIP MINISTRY	INC		 E
	lailing Address:		(1) Add or Change Mailing Address:	
Non-Profit Co	orporation (D)	Date Formed: 11/20/2017	Formation Locale: ID	``
	Number: 633314	Filing Status: Active-Good Sta	-	e N
0000	Number 622244	Filing Status: Active Cood St	onding	
Annu	ual Report: No filing fee	if received by the due date.	Due no later than: 11/30/202	2 5
	Phone: (208) 334-2300		Date Filed: 11/15/2022 2:03:00 PM	
TE & OF	Boise, ID 83720		File #: 0004994193	<u> </u>
	450 North 4th Street		-FILED-	2
	Idaho Secretary of State Attn: Annual Reports	9	For Office Use Only	0
		rm within 30 days to:		ģ
NT SEAN		_		Ņ
ST SEA				(A
DI SEA		Idaho Corporation Ani File online at: sosbiz.idaho.gov	•	2

(5) Signature: (6) Date: (8) Title: (7) Type/Print Name: Btate

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Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.