

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90154 003 \*\*\*\*61.25

**DOCUMENT # N0100000563**



1. Entity Name  
**EVANGELISTIC MISSIONARY MOVEMENT ASSEMBLY OF GOD OF JACKSONVILLE, FLORIDA, INC.**

Principal Place of Business Mailing Address  
**5829 BLANDING BLVD. JACKSONVILLE FL 5829 BLANDING BLVD. JACKSONVILLE FL**

14020040...



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3720003** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GARCIA, IVIS A  
 3510 COUNTRY RD. 215 ST.  
 MIDDLEBURG FL 32068-3762**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME GARCIA, IVIS A STREET ADDRESS 3510 BLANDING BLVD. 215 ST. CITY-ST-ZIP MIDDLEBURG FL 32068	PD <input type="checkbox"/> Delete
TITLE NAME GARCIA, ELLIOT M STREET ADDRESS 3510 BLANDING BLVD. 215 ST. CITY-ST-ZIP MIDDLEBURG FL 32068	VD <input type="checkbox"/> Delete
TITLE NAME GUADALUPE, REBECA STREET ADDRESS 8136 BEATLE BLVD. CITY-ST-ZIP JACKSONVILLE FL 32244	TD <input type="checkbox"/> Delete
TITLE NAME HERNANDEZ, CELSO STREET ADDRESS 8004 JASPER AVE. CITY-ST-ZIP JACKSONVILLE FL 32210	D <input checked="" type="checkbox"/> Delete
TITLE NAME HERNANDEZ, NELIDA STREET ADDRESS 8004 JASPER AVE. CITY-ST-ZIP JACKSONVILLE FL 32210	D <input checked="" type="checkbox"/> Delete
TITLE NAME TUA, TERESA STREET ADDRESS 1850 MANITOBA CT. NORTH CITY-ST-ZIP MIDDLEBURG FL 32068	SD <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME Migdalia Calderon STREET ADDRESS 6912 MISS MUFFET LN N CITY-ST-ZIP Jacksonville, FL. 32210	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME William Serrano STREET ADDRESS 5914 Wending Dr. CITY-ST-ZIP Jacksonville, FL. 32244	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** Ivis A. Garcia **4-30-04** **904-317-9126**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #