

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90011 049 \*\*\*\*61.25



**DOCUMENT # N01000000563**  
 1. Entity Name  
**EVANGELISTIC MISSIONARY MOVEMENT ASSEMBLY OF GOD OF JACKSONVILLE, FLORIDA, INC.**

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



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

1st MOORE      CR2E037 (10/04)

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

**6.-Name and Address of Current Registered Agent-**  
**GARCIA, IVIS A**  
**3610 COUNTRY RD. 215 ST.**  
**MIDDLEBURG FL 32068-3762**

**7. Name and Address of New Registered Agent**  
 Name **Luis A. Garcia**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1852 Manitoba CT N**  
**Middleburg, Fl. 32068**  
 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 *Luis A. Garcia*      (NOTE: Registered Agent signature required when reinstating)      DATE **3-25-05**

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	PD	<input type="checkbox"/> Delete
NAME	GARCIA, IVIS A	
STREET ADDRESS	3510 BLANDING BLVD. 215 ST.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, ELLIOT M	
STREET ADDRESS	3510 BLANDING BLVD. 215 ST.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUADALUPE, REBECA	
STREET ADDRESS	8136 BEATLE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIGDALIA, CALDERON	
STREET ADDRESS	6912 MISS MUFFET LN. N	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SERRANO, WILLIAM	
STREET ADDRESS	5914 WENDING DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TUA, TERESA	
STREET ADDRESS	1850 MANITOBA CT. NORTH	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pedro J Guadalupe</b>	
STREET ADDRESS	<b>8136 Beatle Blvd</b>	
CITY-ST-ZIP	<b>Jax. Fl. 32244</b>	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ricardo Ruiz</b>	
STREET ADDRESS	<b>3087 Leatorrest Dr.</b>	
CITY-ST-ZIP	<b>Jax. Fl. 32244</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Luis A. Garcia*      **3-25-05 904-284-5283**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #