2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

JACKSONVILLE FL

3. Mailing Address

City & State

Zin

Suite, Apt. #, etc.

5829 BLANDING BLVD.

DOCUMENT # N0100000563

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

2. Principal Place of Business

5829 BLANDING BLVD.

Suite, Apt. #, etc.

GARCIA, IVIS A

3510 COUNTRY RD. 215 ST. MIDDLEBURG FL 32068-3762

the obligations of registered agent.

City & State

Ζiϼ

JACKSONVILLE FL

EVANGELISTIC MISSIONARY MOVEMENT ASSEMBLY OF GOD OF JACKSONVILLE, FLORIDA, INC.



Country

City

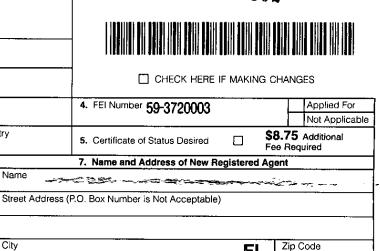
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90097 049 ****61.25

FILED

E0012205



SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Addition GARCIA, IVIS A NAME NAME STREET ADDRESS 3510 BLANDING BLVD. 215 ST. STREET ADDRESS CITY-ST-ZIF MIDDLEBURG FL 32068 CITY-ST-7IP VD. TITLE ☐ Delete TITLE ☐ Change Addition GARCIA, ELLIOT M STREET ADDRESS 3510 BLANDING BLVD. 215 ST. STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition GUADALUPE, REBECA NAME NAME STREET ADDRESS 8136 BEATLE BLVD. STREET ADDRESS CITY-ST-ZIP Jacksonville FL 32244 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HERNANDEZ, CELSO NAME NAME STREET ADDRESS 8004 JASPER AVE. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HERNANDEZ, NELIDA NAME STREET ADDRESS 8004 JASPER AVE. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change ☐ Addition

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

tua. Teresa

1850 MANITOBA CT. NORTH

MIDDLEBURG FL 32068

NAME

STREET ADDRESS

90H-90R