


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

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

09-30-2004 90012 036 \*\*\*\*70.00

DOCUMENT # N94000000571			
1. Entity Name SAINTS ON THE MOVE FOR CHRIST EVANGELISTIC MINISTRY, INCORPORATED			
Principal Place of Business 7100 FAIRWAY DRIVE APT K-2 MIAMI LAKES, FL 33014		Mailing Address P.O. BOX 2103 NORCROSS, GA 30091 01	
		<b>54073665</b>	
2. Principal Place of Business <b>18880 NW 57th AVENUE</b>		3. Mailing Address <b>4586 STAFF CIRCLE</b>	
Suite, Apt. #, etc. <b>Apt. 307</b>		Suite, Apt. #, etc. <b>QUARTER 135B</b>	
City & State <b>MIAMI, FL</b>		City & State <b>LAWRENCEVILLE, GA</b>	
Zip <b>33015</b>	Country <b>USA</b>	Zip <b>30294</b>	Country <b>USA</b>
4. FEI Number <b>65-0491594</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LUMPKIN, ANGELO</b> 7100 FAIRWAY DRIVE APT K-2 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name <b>ANTONIO S. MAGWOOD</b> Street Address (P.O. Box Number is Not Acceptable) <b>18880 NW 57th AVENUE</b> <b>APT. 307</b> City <b>MIAMI</b> FL Zip Code <b>33015</b>	
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 <i>Antonio S. Magwood</i>		DATE <b>24 SEP 2004</b>	
Filing Fee is <b>\$61.25</b> Due by <b>September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGWOOD, TRACY B. PO BOX 2103 NORCROSS, GA 30091 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGWOOD, TRACY 18880 NW 57th AVENUE APT 307 MIAMI, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUMPKIN, SARAH 7100 FAIRWAY DRIVE MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NOLAN, LATOYA 4612 SW 124 TERR MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCINTOSH, TAMMY 6641 SW 20TH ST MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLEMAN, LAKEISHA 17600 NW 10th COURT MIAMI FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROSEMARY PO BOX 552124 MIAMI, FL 33055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUMPKIN, ANGELO 7100 FAIRWAY DRIVE MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, LATOYA 17600 NW 10TH CT MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	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: <i>Tracy B. Magwood</i>		DATE <b>24 SEP 2004</b> (678) 852 6945	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	