## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

N95000002503 (9) DOCUMENT #

1. Corporation Name

## FAMILIES FOR JESUSCHRIST A.G. INC.

Principal Place of Business	
1324 KINGSLEY AVENUE	

Mailing Address

## **FILED** Feb 06 1997 8:00am Secretary of State



1324 KINGSLEY AVENUE JACKSONVILLE FL		1324 KINGSLEY AVI JACKSONVILLE FL	1324 KINGSLEY AVENUE JACKSONVILLE FL					
:					3. Date Incorporated or Qualified 05/26/1995	3a. Date of La 03/04	st Report 1/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	
21		26			59-3 169809		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired	1	75 Additional	
22		27	<u> </u>		or comments of called obtained	Fee Required		
City & State		ļ	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution			
Zip	Country	Zip	Country	,		tion has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of Cur	rent Registered Agent	30	<del> </del>	Florida Statutes Yes No  10. Name and Address of New Registered Agent			
<b></b>	5, Italia and Addition of Cal	Total Hogistorou Agont	81	Name	10, 142112 4112 7001000 01 11017 110	iotorio rigori		
IODOAN	MADTUA D OCM							
JORDAN, MARTHA R REV. 7447 IMPALA LANE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
1	NVILLE FL 32244		83					
JACKSU	NVILLE FL 32244							
			84	City		FL 85	Zip Code	
11 Pursuant to	the provisions of Sections 617.	0502 and 617 1508. Florida	Statutes the abov	e-named cor	poration submits this statement for the p	irpose of chang	no its registered	
office or re	gistered agent, or both, in the St	tate of Florida. Such change	was authorized by	y the corpora	ition's board of directors. I hereby accep	t the appointmen	nt as registered	
	(	<i>E</i>		5.				
SIGNATURE	Signature, typed or printed name of registered		(NOTE: Registered Ag	ent-abnature recru		70-01	<del> </del>	
12.		AND DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	PD	☐ DELET	TE 1.1 TITLE	····		☐ Cha	nge 🔲 Addition	
NAME	JORDAN, MARTHA R		1.2 NAME					
STREET ADDRESS	C/O 1324 KINGSLEY AVE	NUE	1.3 STREE	ADORESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-5	ST-ZIP				
TITLE	SD	DELE	TE 2.1 TITLE			☐ Cha	nge Addition	
NAME	RODRIGUEZ, ELBA		22 NAME					
STREET ADDRESS	C/O 1324 KINGSLEY AVE	NUE	2.3 STREE	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-	ST-ZIP				
TITLE	TD	☐ DELE	TE 3.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME	COLLAZO, VANESSA		3.2 NAME					
STREET ADDRESS	C/O 1324 KINGSLEY AVE	NUE	3.3 STREE	ADDRESS			1	
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-	ST-ZIP				
TOLE		☐ DELE	TE 4.1 TITLE		4	☐ Cha	nge 🔲 Addition	
NAME			4. 2 NAME		•			
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY -	ST-ZIP				
TITLE		☐ DELE	TE 5.1 TITLE		:	☐ Cha	nge 🛄 Addition	
NAME			5.2 NAME				į	
STREET ADDRESS			5.3 STREE	T ADDRESS	•		j	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u> </u>			
TITLE		☐ DELE	TÉ 6.1 TITLE			Cha	inge 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS			j	
CITY-ST-ZIP			6.4 CiTY -					
طمعما مآسا فعا		nlind with this filing doop and	au alifu for the our		d in Section 110 07/3\(ii) Florida Statuto	I forman named	that the	

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.