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

Mar 04, 2004 8:00 am **Secretary of State** DOCUMENT #-N95000002503 1. Entity Name 03-04-2004 90006 001 ****75.00 FAMILIES FOR JESUSCHRIST A.G. INC. -Principal Place of Business Mailing Address 3114 COUNTY RD: MIDDLEBURG FL 32068 P.O. BOX 2837 ORANGE PARK FL 32067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3169809 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent laneessa COLLAZO, VANESSA Street Address (P.O. Box Number is Not Acceptable) 661 ROGER SHERMAN ST **ORANGE PARK FL 32073** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Addition Fordan, Martha R. JORDAN, MARTHA R NAME NAME C/O 1324 KINGSLEY AVENUE 1447 Impoladu. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL Jacksonville Fl. 32244 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition COLLAZO, VANESSA collazo, Vaneessa NAME NAME 661 ROGER SHERMAN ST STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP TD Change TITLE TITLE Addition ☐ Delete LO 11920 Vareessa. but Roger Shermanst. Drange Park, FIA, 32073 COLLAZO, VANESSA -NAME NAME C/O 1324 KINGSLEY AVENUE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.5 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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.

FILED