2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 15, 2008 8:00 am Secretary of State DOCUMENT # N95000002503 1. Entity Name 07-15-2008 90061 026 ****70 00 FAMILIES FOR JESUSCHRIST A.G. INC. Principal Place of Business Mailing Address P.O. BOX 2837 ORANGE PARK FL 32067 9114-GOUNTY RD. MIDDLEBURG FL 32008 4325 US Highway 17 Orange Park, Ila 3 2. Principal Place of Business : 3. Mailing Address 41325 US Ha Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/07) 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 Charagaddes lancessa のいなての COLLAZO, VANEESSA 661 ROGER SHERMAN ST (60. Box Number is Not Acceptable) **ORANGE PARK FL 32073** Zip Code 3207² 8. The above named entry, 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By-May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD-Vidal Honzalez TITLE Delete TITLE JORDAN, MARTHA R 2904 BRITNEY BYUFF Or NAME NAME 7447 IMPAÇA LN STREET ADDRESS STREET ADDRESS Dronge Park, F1 32073 JACKSONVILLE FL 32244 CITY-ST-ZIP CITY - ST - ZIP V-Momit. Monzalez Delete 2904 BRITTHEY BUFF Dr Orongo Park, FI 32 COLLAZO, VANEESSA 720 CHERRY GROVE ROAD STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP TiTl F ☐ Celete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition HAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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!

FILED

7-9-08 904-349-2028