

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

09-30-2004 90012 035 ****70.00

DOCUMENT # N00000007735

1. Entity Name
THE SAINTS ON THE MOVE FOR CHRIST, INC.



Principal Place of Business
**7100 FAIRWAY DRIVE
APT K-2
MIAMI LAKES, FL 33014**

Mailing Address
**POO.BOX 2103
NORCROSS, GA 30091**

54073666



2. Principal Place of Business
17325 NW 27TH AVENUE

Suite, Apt. #, etc.
SUITE 100

City & State
MIAMI, FL

Zip
33055

Country
USA

3. Mailing Address
4586 STAFF CIRCLE

Suite, Apt. #, etc.
QUARTER 135B

City & State
ELLENWOOD, GA

Zip
30294

Country
USA

09102004 Chg-NP CR2E037 (10/03)

4. FEI Number
58-2596697

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUMPKIN, ANGELO
7100 FAIRWAY DRIVE
APT K-2
MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent

Name **ANTONIO S. MAGWOOD**
Street Address (P.O. Box Number is Not Acceptable)
18880 NW 57TH AVENUE
APT 307
City **MIAMI** FL Zip Code **33015**

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 *Antonio S. Magwood*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

24 SEP 2004
DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAGWOOD, ANTONIO	
STREET ADDRESS	PO BOX 2103	
CITY-ST-ZIP	NORCROSS, GA 30091	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MAGWOOD, TRACEY	
STREET ADDRESS	PO BOX 2103	
CITY-ST-ZIP	NORCROSS, FL 30091	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUMPKIN, ANGELO	
STREET ADDRESS	7100 FAIRWAY DRIVE, APT K-2	
CITY-ST-ZIP	MIAMI LAKES, FL 30014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUMPKIN, SARAH	
STREET ADDRESS	7100 FAIRWAY DRIVE, APT K-2	
CITY-ST-ZIP	MIAMI LAKES, FL 30014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALMER, MICHAEL	
STREET ADDRESS	P.O.BOX 2103	
CITY-ST-ZIP	NORCROSS, GA 30091	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PALMER, PAMMA	
STREET ADDRESS	PO BOX 2103	
CITY-ST-ZIP	NORCROSS, GA 30091	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGWOOD, ANTONIO	
STREET ADDRESS	4586 STAFF CIRCLE	
CITY-ST-ZIP	#135B ELLENWOOD, GA 30294	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, MICHAEL	
STREET ADDRESS	158 PAPER MILL RD	
CITY-ST-ZIP	#6205 LAWRENCEVILLE, GA 30045	
TITLE	T.O.+SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEGGETT, CAROL	
STREET ADDRESS	287 E. CROGAN STREET, #6223	
CITY-ST-ZIP	LAWRENCEVILLE, GA 30045	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBRELL, KEESHA	
STREET ADDRESS	5100 BILLAS TERRACE	
CITY-ST-ZIP	STONE MOUNTAIN, GA 30088	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR JAMES DOPSON, M.D., F.A.C.S.	
STREET ADDRESS	1918 NORTHLAKE PKWY	
CITY-ST-ZIP	TUCKER, GA 30084	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGWOOD, TRACEY	
STREET ADDRESS	4586 STAFF CIRCLE	
CITY-ST-ZIP	#135B ELLENWOOD, GA 30294	

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: *Tracey B Magwood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 SEP 2004 (678)852-6945
Date Daytime Phone #