

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90030 027 ****61.25

DOCUMENT # N01000000563

1. Entity Name
**EVANGELISTIC MISSIONARY MOVEMENT ASSEMBLY
OF GOD OF JACKSONVILLE, FLORIDA, INC.**



Principal Place of Business
**5829 BLANDING BLVD.
JACKSONVILLE, FL**

Mailing Address
**5829 BLANDING BLVD.
JACKSONVILLE, FL**

2. Principal Place of Business - No P.O. Box #
5902 Seaboard Ave.
Suite, Apt. #, etc.

3. Mailing Address
5902 Seaboard Ave.
Suite, Apt. #, etc.

City & State
Jacksonville, FL 32244
Zip Country

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Jacksonville, FL 32244
Zip Country

02112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3720003

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, IVIS A
1850 MANITOBA CT N
MIDDLEBURG, FL 32068**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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** ☐ Delete
NAME **GARCIA, IVIS A**
STREET ADDRESS **1850 MANITOBA CT N**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **VD** ☐ Delete
NAME **GARCIA, ELLIOT M**
STREET ADDRESS **1850 MANITOBA CT N**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **TD** ☐ Delete
NAME **GUADALUPE, REBECA**
STREET ADDRESS **8136 BEATLE BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE **D** ☐ Delete
NAME **GUADALUPE, PEDRO**
STREET ADDRESS **8136 BEATLE BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE **SD** ☐ Delete
NAME **TUA, TERESA**
STREET ADDRESS **2938 BENT BOW LANE**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *IVIS A. GARCIA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-08 **904-406-9760**
Date Daytime Phone #