


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000005694	
1. Entity Name JESUSQUEST INTERNATIONAL, INC.	

Principal Place of Business 620 MISTY MORNING CT JACKSONVILLE, FL 32218	Mailing Address 620 MISTY MORNING CT JACKSONVILLE, FL 32218
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DO NOT WRITE IN THIS SPACE



03142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3735884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MCCOMBES, WILLIAM J 620 MISTY MORNING CT JACKSONVILLE, FL 32218
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOMBES, WILLIAM J 620 MISTY MORNING CT JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FANNIN, MEL G JR. 620 MISTY MORNING CT JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCOMBES, NANCY L 620 MISTY MORNING CT JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: William J McCombes 3/15/05 904 757 0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #