

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90313 045 ****61.25

DOCUMENT # **N01000005694**

1. Entity Name
JESUSQUEST INTERNATIONAL, INC.



Principal Place of Business
**11728 MCCORMICK RD.
JACKSONVILLE FL 32225**

Mailing Address
**11728 MCCORMICK RD.
JACKSONVILLE FL 32225**

2. Principal Place of Business
1020 MISTY MORNING CT.

3. Mailing Address
620 MISTY MORNING CT.

Suite, Apt. #, etc.

City & State
JACKSONVILLE FLA

City & State
JACKSONVILLE FL

Zip
32218

Country
DUVAL

Zip
32218

Country
DUVAL

4. FEI Number **59-3735884**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCOMBES, WILLIAM J
11728 MCCORMICK RD.
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name
MCCOMBES, WILLIAM J.

Street Address (P.O. Box Number is Not Acceptable)
620 MISTY MORNING CT.

City
JACKSONVILLE

FL

Zip Code
32218

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 *W. McCombes* **1-27-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOMBES, WILLIAM J 11728 MCCORMICK RD. JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FANNIN, MEL G JR. 2000-1 CORPORATE SQ. BLVD. JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCOMBES, NANCY L 11728 MCCORMICK RD. JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	620 MISTY MORNING CT. JACKSONVILLE FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	625-D PONTE VEDRA BLVD. PONTE VEDRA BCH. FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	620 MISTY MORNING CT. JACKSONVILLE FL 32218	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *W. McCombes* **REQUIRED** **1-27-03**

CR2E037 (10/02)