

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90015 027 ****61.25

DOCUMENT # N04000005331 1. Entity Name ADVENTURES WITH JESUS, INC.					
Principal Place of Business 2940 FOREST HILLS BLVD., #102 CORAL SPRINGS, FL 33065			Mailing Address 2940 FOREST HILLS BLVD., #102 CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box # 640 SW. 130 Terrace		3. Mailing Address 640 SW. 130 Terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVIE FLA.		City & State DAVIE FLA.		4. FEI Number 20-1183929	
Zip 33325		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPERDUTO, GUY D 8982 TAFT STREET PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME HANNON, DIANA STREET ADDRESS 2940 FOREST HILLS BLVD., #102 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE PD NAME HANNON, DIANA STREET ADDRESS 640 SW. 130 Terrace CITY-ST-ZIP DAVIE, FLA. 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSD NAME CULVER, LEE G STREET ADDRESS 2940 FOREST HILLS BLVD., #102 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE VSD NAME CULVER, LEE G STREET ADDRESS 640 SW. 130 Terrace CITY-ST-ZIP DAVIE, FLA. 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SEIER, LYDIA K STREET ADDRESS 1267 NW 87 AVE CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MATIAS, NICOLE STREET ADDRESS 1202 SW CALMAR AVENUE CITY-ST-ZIP PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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: <u>Diana Hannon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-1-08</u> <small>Date</small>		<u>954-370-1294</u> <small>Daytime Phone #</small>