2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005331



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

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

. Entity Name ADVENTURES WITH JESUS, INC.	

2940 FORES	ce of Business ST HILLS BLVD., #102 NGS, FL 33065	Mailing Address 2940 FOREST HILLS BLVI CORAL SPRINGS, FL 330		_					
	Place of Business - No P.O. Box # S.W. 130 TQ+VACR	3. Mailing Address	30 Terr	ACE		HAU OTIL ERIN MIN			BHAN DI IAN
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02132008 _C	hg-NP	CR2E037	(12/06)	
City & Sta	· P/	City & State	FLA.		4. FEI Number 20-118392				oplied For
Zip	Country	Zip	Country		5. Certificate of S		□ \$	8.75 Add	ot Applicable ditional
333	25 US A 6. Name and Address of Current R	33325	USA		7. Name and Add		F	e Require	xd
		togistal od Agont	Name		7. Name and Add	ISST OF THE CO	Areman wi	DIK.	
SPERDUTO, GUY D 8982 TAFT STREET				Address (F	P.O. Box Number is	Not Acceptable)	· · · · · ·		
PEMBRO	KE PINES, FL 33024					· · · · · · · · · · · · · · · · · · ·			
			City				FL	Zip Cod	е
8. The above	named entity submits this statement for	the purpose of changing its re-	gistered office o	or registere	ed agent, or both, in	the State of Flor	ida. I am far	l niliar with,	and accept
the colliga	tions of registered agent.						•		. [-
SIGNATURE									
SIGNATURE		nd title if applicable. (NOTE: Re	egistered Agent signe	dure required	when reinstating)		DATE		 [
SIGNATURE	Signature, typed or printed name of registered agent as	1		·····			 		
SIGNATURE		9. Election Campa Trust Fund Con	aign Financing		\$5.00 May Be Added to Fees	Ma Floric	OATE ike check p da Departir	payable to	o tate
10.	Signature, typed or preted name of registered agent at Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Campa Trust Fund Con	aign Financing		\$5.00 May Be	Florid	ke check p la Departir	ent of Si	tate
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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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, 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.

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

Diana HANNON President/DIRector Diaria Hannon

4-1-08

954-370-1294