

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2008 8:00 am
Secretary of State

07-14-2008 90032 002 ****61.25

DOCUMENT # N07000001287 1. Entity Name MARRIAGE MOTIVATIONAL SERIES, INCORPORATED					
Principal Place of Business 11160 APPLE BLOSSOM TRAIL WEST JACKSONVILLE FL 32218			Mailing Address 11160 APPLE BLOSSOM TRAIL WEST JACKSONVILLE FL 32218		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 56-263-1424	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SAMMS, ROBERT O.A. 11160 APPLE BLOSSOM TRAIL WEST JACKSONVILLE FL 32218				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when constituting)				DATE _____	
FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SAMMS, ROBERT O.A. 11160 APPLE BLOSSOM TRAIL WEST JACKSONVILLE FL 32218	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SAMMS, PAMELA R 11160 APPLE BLOSSOM TRAIL WEST JACKSONVILLE FL 32218	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S DOW, TAMAYLIA R 11160 APPLE BLOSSOM TRAIL WEST JACKSONVILLE FL 32218	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AST BOSCH, SHERINE A 11160 APPLE BLOSSOM TRAIL WEST JACKSONVILLE FL 32218	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
4/20/08 904-327-7862 DATE DAY/MO/YEAR PHONE #					