2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 30, 2004 8:00 am
Secretary of State
09-30-2004 90012 036 ****70.00

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1. Entity Name
SAINTS ON THE MOVE FOR CHRIST EVANGELISTIC MINISTRY, INCORPORATED

Principal Place of Business	Mailing Address
7100 FAIRWAY DRIVE APT K-2 MIAMI LAKES, FL 33014	P.O. BOX 2103 NORCROSS, GA 30091 01

09102004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
18880 NW 57th AVENUE	4586 STAFF CIRCLE
Suite, Apt. #, etc. Apt. 307	Suite, Apt. #, etc. QUARTER 135B
City & State MIAMI, FL	City & State LAWRENCEVILLE, GA
Zip / Country 33015 / USA	Zip / Country 30294 / USA

4. FEI Number
65-0491594
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUMPKIN, ANGELO 7100 FAIRWAY DRIVE APT K-2 MIAMI LAKES, FL 33014	Name: ANTONIO S. MAGWOOD Street Address (P.O. Box Number is Not Acceptable): 18880 NW 57th AVENUE APT 307 City: MIAMI **FL** Zip Code: 33015

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: Antonio S. Magwood — 24 SEP 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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	D MAGWOOD, TRACY B PO BOX 2103 NORCROSS, GA 30091	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAGWOOD, TRACY 18880 NW 57th AVENUE APT 307 MIAMI, FL. 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LUMPKIN, SARAH 7100 FAIRWAY DRIVE MIAMI LAKES, FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC NOLAN, LATOYA 4612 SW 124 TERR MIRAMAR, FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCINTOSH, TAMMY 6641 SW 20TH ST MIRAMAR, FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COLEMAN, LAKEISHA 17600 NW 10th COURT MIAMI FL 33169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, ROSEMARY PO BOX 552124 MIAMI, FL 33055	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUMPKIN, ANGELO 7100 FAIRWAY DRIVE MIAMI LAKES, FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOLAN, LATOYA 17600 NW 10TH CT MIAMI, FL 33169	☒ 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 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: Tracy B Magwood — 24 SEP 2004 — (678) 852 6945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #