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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003770 (4)

1. Corporation Name

MOVING WITH JESUS MINISTRIES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 466
ST. AUGUSTINE FL 32085

P.O. BOX 466
ST. AUGUSTINE FL 32085-0466

3. Date Incorporated or Qualified
07/28/1994

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUILFORD, OLIVER L
3830 LEWIS SPEEDWAY
ST. AUGUSTINE FL 32095

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GUILFORD, OLIVER L
STREET ADDRESS 3830 LEWIS SPEEDWAY
CITY-ST-ZIP ST. AUGUSTINE FL 32095

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GUILFORD, SUSAN E
STREET ADDRESS 3830 LEWIS SPEEDWAY
CITY-ST-ZIP ST. AUGUSTINE FL 32095

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LARSEN, PATRICIA J
STREET ADDRESS 25484 LAKE WOHLFORD ROAD
CITY-ST-ZIP ESCONDIDO CA 92027

☒ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☒ Addition

DIRECTOR
NANCY OUTLEY
3 HILDRETH DR.
ST. AUGUSTINE, FL. 32095

TITLE D
NAME KNOWLES, MARY E
STREET ADDRESS 4C04 BOX 660
CITY-ST-ZIP OLD TOWN FL

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME OUTLEY, TOM
STREET ADDRESS 3 HILDRETH DR
CITY-ST-ZIP ST AUGUSTINE FL 32095

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☒ Change ☒ Addition

ZIP 32095

TITLE D
NAME LARSEN, PATRICIA J
STREET ADDRESS 500 AVENIDA VERDE
CITY-ST-ZIP SAN MARCO CA 92069

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☒ Addition

ZIP 92069

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan E. Guilford* *SUSAN E. GUILFORD* 4/30/97 90482489201

CR2E037 (9/96)