

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000003770**

1. Corporation Name

**MOVING WITH JESUS MINISTRIES, INC.**

Principal Place of Business  
P.O. BOX 466  
ST. AUGUSTINE FL 32085

Mailing Address  
P.O. BOX 466  
ST. AUGUSTINE FL 32085

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90010 025 \*\*\*\*\*61.25

04-25-1999 90010 026 \*\*\*\*\*8.75

408602 - 90010 - 13



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**07/28/1994**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-3268572**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

24 Zip Country

29 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current 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** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **OUTLEY, NANCY**  
STREET ADDRESS **3 HILDRETH DR.**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **OUTLEY, TOM**  
STREET ADDRESS **3 HILDRETH DR**  
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D** ☐ DELETE

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Susan E. Guilford* **SUSAN E. GUILFORD** 4/16/99 (904) 329-2906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)