

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003770

1. Entity Name

MOVING WITH JESUS MINISTRIES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90080 001 *****8.75

05-16-2001 90080 002 *****61.25

Principal Place of Business

Mailing Address

P.O. BOX 466
ST. AUGUSTINE FL 32085

P.O. BOX 466
ST. AUGUSTINE FL 32085

43473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3268572

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip 32084

ZIP CODE CHANGED

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME *ZIP CODE CHANGE*
STREET ADDRESS *TO 32084*
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME *ZIP CODE CHANGE*
STREET ADDRESS *TO 32084*
CITY-ST-ZIP

TITLE D ☐ Delete
NAME OUTLEY, NANCY
STREET ADDRESS 3 HILDRETH DR.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Susan Guilford* *OLIVER L GUILFORD* *5/1/01 (904) 829-2906*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)