

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # N94000003770**

1. Entity Name

**MOVING WITH JESUS MINISTRIES, INC.**

05-19-2002 90150 001 \*\*\*\*61.25

05-19-2002 90150 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

P.O. BOX 466  
 ST. AUGUSTINE FL 32085

P.O. BOX 466  
 ST. AUGUSTINE FL 32085

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  
 SAINT AUGUSTINE FL 32084**

Name

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

City

**FL**

Zip Code

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 ☐ Delete  
 NAME **D GUILFORD, OLIVER L**  
 STREET ADDRESS **3830 LEWID SPEEDWAY**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

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

TITLE ☐ Delete  
 NAME **D GUILFORD, SUSAN E**  
 STREET ADDRESS **3830 LEWID SPEEDWAY**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

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

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

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

TITLE ☐ Delete  
 NAME **D KNOWLES, MARY E**  
 STREET ADDRESS **4C04 BOX 860**  
 CITY-ST-ZIP **OLD TOWN FL**

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

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME **D. LARSEN PATRICIA J.**  
 STREET ADDRESS **13110 HUNZA HILL TERRACE**  
 CITY-ST-ZIP **VALLEY CENTER, CA 92082**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02 (904) 829-2906**

Date Daytime Phone #

CR2E037 (9/01)