


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90079 001 ****61.25
02-16-2006 90079 002 *****8.75

DOCUMENT # N94000003770	
1. Entity 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

66001570



02152006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3268572	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
GUILFORD, OLIVER L 3830 LEWIS SPEEDWAY SAINT AUGUSTINE, FL 32084	
7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILFORD, OLIVER L	NAME	3830 LEWIS SPEEDWAY
STREET ADDRESS	3830 LEWIS SPEEDWAY	STREET ADDRESS	3830 LEWIS SPEEDWAY
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP	3830 LEWIS SPEEDWAY
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILFORD, SUSAN E	NAME	3830 LEWIS SPEEDWAY
STREET ADDRESS	3830 LEWIS SPEEDWAY	STREET ADDRESS	3830 LEWIS SPEEDWAY
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP	3830 LEWIS SPEEDWAY
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUTLEY, NANCY	NAME	1017 ARBOR TRAILS CT.
STREET ADDRESS	3 HILDRETH DR.	STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP	ST. AUGUSTINE, FL	CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, MARY E	NAME	
STREET ADDRESS	4C04 BOX 660	STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUTLEY, TOM	NAME	1017 ARBOR TRAILS CT.
STREET ADDRESS	3 HILDRETH DR	STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP	ST AUGUSTINE, FL	CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, PATRICIA J	NAME	
STREET ADDRESS	29643 MILLER RD.	STREET ADDRESS	
CITY-ST-ZIP	VALLEY CENTER, CA 92083	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **SUSAN GUILFORD** **2/15/06** **(904) 829-2906**