## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **N9400003770**



Secretary of State 1. Entity Name 03-17-2003 90351 001 \*\*\*\*61.25 MOVING WITH JESUS MINISTRIES, INC. 03-17-2003 90351 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address P.O. BOX 466 P.O. BOX 466 55016555 ST. AUGUSTINE FL 32085 ST. AUGUSTINE FL 32085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3268572 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUILFORD, OLIVER L Street Address (P.O. Box Number is Not Acceptable) 3830 LEWIS SPEEDWAY SAINT AUGUSTINE FL 32084 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 9. Election Campaign Financing **FILE NOW: FEE IS \$61.25** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 8 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition GUILFORD, OLIVER L NAME NAME STREET ADDRESS 3830 LEWID SPEEDWAY STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE FL 32084 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition GUILFORD, SUSAN E NAME NAME STREET ADDRESS 3830 LEWID SPEEDWAY STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE FL-32084 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition **OUTLEY, NANCY** NAME NAME STREET ADDRESS 3 HILDRETH DR. STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KNOWLES, MARY E NAME STREET ADDRESS 4C04 BOX 660 STREET ADDRESS CITY-ST-ZIP OLD TOWN FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition OUTLEY, TOM NAME NAME STREET ADDRESS 3 HILDRETH DR STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LARSEN, PATRICIA J NAME NAME **500 AVENIDA VERDE** STREET ADDRESS

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

STREET ADDRESS

CITY-ST-ZIP

SAN MARCO CA

CITY-ST-7IP

**FILED** 

Mar 17, 2003 8:00 am