# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 26, 2006**
**Secretary of State**

DOCUMENT# N98000005764

**Entity Name:** ON THE MOVE FOR JESUS MINISTRY, INC.

**Current Principal Place of Business:**

334 N. 12TH ST.
DEFUNIAK SPRINGS, FL 32433 US

**New Principal Place of Business:**

117 CAMELLIA DRIVE
QUINCY, FL 32351 US

**Current Mailing Address:**

334 N. 12TH ST.
DEFUNIAK SPRINGS, FL 32433 US

**New Mailing Address:**

117 CAMELLIA DRIVE.
QUINCY, FL 32351 US

**FEI Number: 59-3577663** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

BRINSON, VALENCIA R
334 N. 12TH ST.
DEFUNIAK SPRINGS, FL 32433 US

**Name and Address of New Registered Agent:**

BRINSON, VALENCIA R
117 CAMELLIA DRIVE
QUNCY,, FL 32351 US

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: VALENCIA RENEE BRINSON 05/26/2006
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: BRINSON, VALENCIA R
Address: 334 N 12TH ST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: V ( ) Delete
Name: OLIVER, LAURA MAE
Address: 550 STATE HWY 81
City-St-Zip: PONCE DE LEON, FL 32455

Title: T ( ) Delete
Name: BOUIE, PEARLIC MAE
Address: 93 PEARL LANE
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: D ( ) Delete
Name: PETERSON, PARTICIA
Address: P.O. BOX 393
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: MD ( ) Delete
Name: JACKSON, PATRICIA
Address: PO BOX 84
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S ( ) Delete
Name: MCMILLIAN, SHIRLEY F
Address: 7157 BONNIE HILL RD
City-St-Zip: CHATTAHOOCHEE, FL 32324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: BRINSON, VALENCIA R
Address: 117 CAMELLIA DRIVE
City-St-Zip: QUINCY, FL 32351

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALENCIA BRINSON D 05/26/2006
Electronic Signature of Signing Officer or Director Date