



**STATE OF MONTANA**  
 SECRETARY OF STATE  
 2025 ANNUAL REPORT

STATE OF MONTANA  
**-FILED-**  
 SECRETARY OF STATE  
 File Number: 16529162  
 Date Filed: 2/19/2025 2:26:33 PM

Business Type			
Business Type	Domestic Non-Profit Corporation		
Business Sub-Type	Public Benefit Corporation with members		
Business Name			
Name of Business Entity	GENTLE JOURNEY FOUNDATION		
The file number of this entity on the records of the Montana Secretary of State is	D1422897		
Country of Organization	United States		
State of Organization	Montana		
Annual Report Year	2025		
Business Purpose	Our non-profit organization aims to provide comprehensive relocation assistance services to elders, veterans, and individuals with special needs who need to move cross-country.		
Business Mailing Address of Principal Office			
Address	ESAI CERVANTEZ P.O. BOX 674 GALLATIN GATEWAY, MT 59730		
Business Physical Address of Principal Office			
Address	GENTLE JOURNEY FOUNDATION 129 W MAIN ST A3 BOZEMAN, MT 59715		
The registered agent on record is:			
Registered Agent	ESAI G. CERVANTEZ Non-Commercial Registered Agent Agent Number RA00081139 Email Address Website Physical Address 4 RABEL LANE #674 GALLATIN GTWY, MT 59730 Mailing Address 4 RABEL LANE # 674 GALLATIN GTWY, MT 59730		
Select the Type of Change			
Select one if a registered agent change is needed:			
Directors			
Full Name	Business Mailing Address	Position	Email Address
Jim Gingery	46 PRAIRIE GRASS CT B BOZEMAN, MT 59718	Director	Towncenterservices@gmail.com
Jeremy Glover	9833 MEADOW RUE DR MCKINNEY, TX 75072	Director	Jeremy.glover@hawthornret.com

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Andrew Arnold	P.O. BOX 490 RUTHERFORD, TN 38369	Director	Lamb2lion77@yahoo.com
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Officers

Full Name	Business Mailing Address	Position	Email Address
ESAI CERVANTEZ	ESAI CERVANTEZ 4 RABEL LN 674 GALLATIN GATEWAY, MT 59730	President	oldcys@yahoo.com

Declarations

- I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system.
- I have been authorized by the business entity to file this document online.
- I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Signature

<i>Self</i>	<i>ESAI CERVANTEZ</i>	<i>02/19/2025</i>
_____ Signer's Capacity	_____ Sign Here	_____ Date
Position	President	

Daytime Contact	
Phone Number	(208) 651-4567
Email	oldcys@yahoo.com