

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# N03000008137

Entity Name: HOUSE OF JOY MINISTRIES, INC.

Current Principal Place of Business:

311-B S. RAILROAD STREET
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 203
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 37-1466615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMANUEL, ALICE M
330 S. CHERRY STREET
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: EMANUEL, ALICE M
Address: 330 S. CHERRY STREET
City-St-Zip: BUNNELL, FL 32110

Title: T () Delete
Name: OWENS, SHIRLEY
Address: 306 S. MOORE ST.
City-St-Zip: BUNNELL, FL 32110

Title: S () Delete
Name: GIPSON, SUSAN A
Address: 803 E. BOOE STREET
City-St-Zip: BUNNELL, FL 32110

Title: T () Delete
Name: STANLEY, OTIS
Address: 5 RODGER COURT
City-St-Zip: PALM COAST, FL 32164

Title: T () Delete
Name: GIDDENS, LIZZIE M
Address: 463 PEACH ST APT 109
City-St-Zip: BUNNELL, FL 32110

Title: AT () Delete
Name: MCKAY, GLORIA J
Address: 27 KNOX JONES RD.
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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: GLORIA MCKAY

AD/T

02/12/2008

Electronic Signature of Signing Officer or Director

_____ Date