

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007342

FILED  
May 02, 2007  
Secretary of State

Entity Name: REJOICE MINISTRIES, INC.

## Current Principal Place of Business:

8508 VILLAGE GREEN ROAD  
ORLANDO, FL 32818

## New Principal Place of Business:

## Current Mailing Address:

8508 VILLAGE GREEN ROAD  
ORLANDO, FL 32818

## New Mailing Address:

FEI Number: 59-3811793      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:

## Name and Address of New Registered Agent:

WILLIAMS, SANDARA E  
8508 VILLAGE GREEN ROAD  
ORLANDO, FL 32818      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: WILLIAMS, SANDARA E  
Address: 8508 VILLAGE GREEN ROAD  
City-St-Zip: ORLANDO, FL 32818

Title: S      ( ) Delete  
Name: CARTER, KENNETTA C  
Address: 1188 GANO AVENUE #206  
City-St-Zip: ORANGE PARK, FL 32073

Title: T      ( ) Delete  
Name: WILLIAMS, EVELYN T  
Address: 9142 ROYAL GATE DRIVE  
City-St-Zip: WINDERMERE, FL 34786

## 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:

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: SANDARA E. WILLIAMS

PRES

05/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date