## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

STREET ADDRESS

CITY-ST-ZIP

TIPINISION OF CORPORATIONS ?

	1000			-4 <sub>1</sub>
DOCUMENT # N9500000848 (0) 1. Corporation Name				
REJOICE MINISTRIES, INC.				
Principal Place of Business Mailing Address				
700 N.E. 7TH ST. 700 N.E. 7TH ST.				
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060			)	
				3. Date Incorporated or Qualified 3a. Date of Last Report 02/21/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21 402 1	NE First Street	26 PO Box 1124	.2	65-0565049 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired XX \$8.75 Additional Fee Required
City & State		City & State	ah DT	6. Election Campaign Financing \$5.00 May Be
	ano Beach FL	Pompane Bea		rust rolla Contribution Acces to 1 ees
Zip 24 3306	Country O 25 Broward	Zip 33061 30	Country Broward	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XXX Yes □ No
24 3306	9. Name and Address of Current		1	10. Name and Address of New Registered Agent
04 1)				harlyne A. Steinkamp
STEINKAMP, ROBERT E			<b>B2</b> Street Add	dress (P.O. Box Number is Not Acceptable)
700 NE SEVENTH ST			83	00 NE Seventh Street
POMPANO BEACH FL 33060-6332				
			84 City P	ompano Beach FL 85 Zip Code 33060
the state of the s				
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby except the apparature of the obligations of Section 617,0503. Florida Statutes.				
SIGNATURE	harling H. Strenka			STEINKAMP January 13, 1996
10	Signature, typid or printed name of registered agent a OFFICERS AND	<u> </u>	egisterec yent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEINKAMP, ROBERT E		1.2 NAME	
STREET ADDRESS	700 N.E. 7TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP	Change Addition
TITLE	D	DELETE	2.1 TITLE	L_1 Citalige 1_1 Addition
NAME	STEINKAMP, CHARLYNE A		2.2 NAME	
STREET ADDRESS	700 N.E. 7TH ST.		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	
CITY-ST-ZIP	POMPANO BEACH FL 33060	<b>∭</b> DELETE		Julie Bell' (Dir.) Change XAddition
NAME	D Steinkamp, Lori ann			5605 SW 142 Avenue
STREET ADDRESS	700 N.E. 7TH ST.			Miami FL 33467
CITY-ST-ZIP	POMPANO BEACH FL 33060		3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Beverly Caponi (Dir)
NAME			4. 2 MAGNIC	5083 Quachita Drive
STREET ADDRESS			4.3 STREET ADDRESS	Lake Worth FL 33467
CITY-ST-ZIP		DELETE	4.4 UIIY - SI - ZIP	El Change Addition
TITLE		Clotter	E D HATAE	Frances Tullin (Dir)
NAME expect appaces				221 NE 20 Avenue
STREET ADDRESS CITY-ST-ZIP			54 CITY-ST-ZIP	Pompano Beach FL 33060
TITLE	, , , , , , , , , , , , , , , , , , ,	DELETE	61 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. Jan. 13, 1996

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

SIGNATURE Charles CHARLYNE A. STEINKAMP, President (954) 941-6508

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylor & Prone |

CR2E037 (12/95)