

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90005 024 ****70.00

0025929

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000848					
1. Corporation Name REJOICE MINISTRIES, INC.					
Principal Place of Business 402 N.E. 1ST ST. POMPANO BEACH FL 33060		Mailing Address P.O. BOX 11242 POMPANO BEACH FL 33061			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/21/1995 4. FEI Number 65-0565049 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent STEINKAMP, CHARLYNE A 700 NE SEVENTH ST. POMPANO BEACH FL 33060			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D ☐ DELETE NAME BELL, JULIE STREET ADDRESS 5605 SW 142 AVENUE CITY-ST-ZIP MIAMI FL 33467			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D ☐ DELETE NAME STEINKAMP, CHARLYNE A STREET ADDRESS 700 N.E. 7TH ST. CITY-ST-ZIP POMPANO BEACH FL 33060			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D ☐ DELETE NAME CAPONI, BEVERLY STREET ADDRESS 5083 OUACHITA DRIVE CITY-ST-ZIP LAKE WORTH FL 33467			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D ☒ DELETE NAME KAREN LEGRAND STREET ADDRESS 16153 CODO DR. CITY-ST-ZIP LOCKPORT IL			4.1 TITLE ☐ Change ☒ Addition 4.2 NAME Dennis Wingfield 4.3 STREET ADDRESS 22275 Heatheridge Lane 4.4 CITY-ST-ZIP Northville MI 48167		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Charlyne A. Steinkamp **CHARLYNE A. STEINKAMP** 1/6/99 954-941-6508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)