FILE NOW: FILING FEE IS \$61.25

Mailing Address

LUTZ FL 33549

211

SIGNATURE: (July (NOTH BE RWILLIAM & Wilson

19020 ST LAURENT DR

2a. Mailing Address

City & State

28 Spring Hill,

Suite, Apt. #, etc.

26 4319 River Birch Drive

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

Spring Hill,

Suite, Apt. #, etc.

City & State

4319 River Birch Dr

19020 ST LAURENT DR

LUTZ FL 33549 US



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000004345 (3)

REJOICE MINISTRIES OF SPRING HILL, INC.

Country

FILED
Feb 03 1998 8:00am
Secretary of State

|--|--|

Yes 🔽 No

352-684-0308

7. Is this nonprofit corporation a homeowners association?

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

09/08/1995

31-1480290

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip		Country		Zip		c	ountry			8. This	corporation	on owes	or has paid	the curr	ent year	Intar	igible i
24 3460	507 25 Hernando 29 34607 30 He						Hernando Personal Property Tax due June 30. Yes X No										
	9. Name	and Address of	Current F	Registered A	gent				_=	10. Nan	e and Ac	ldress c	f New Reg	istered A	gent		
							81	Name				•					
WILSON, WILLIAM C 19020 STIAURENTOR 4319 River Birch Drive							82	Street	Addres	ss (P.O. B	ox Numb	er is Not	Acceptable	e)			-
19020 ST LAURENT DR 4319 River Birch Drive SPRING HILL FL 33549 Spring Hill, Fl. 34607							7 83					ţ			· · · ·	_	
			-	_	•		84	City		·					Tor I	ip Co	40
								- •						FL	1 1		
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 _	Sloveture beard	or printed name of regis	torad neopt a	ng title if anniford	le (NOT	C. Soeles	red Ass	ot alanati so	moustend	when reinsta	that.			DATE			
12.	Signature, typed o			DIRECTORS	1401	13		it signature	redniten			ANGES	TO OFFICE		DIRECT	ORS	IN 12
TITLE	PTD			3812010110	DELETE		TITLE		D		10,011		70 01110		Chan		Addition
NAME		WHITAMIC					NAME		_	ın Shi	\$7637C				_	•	
STREET ADDRESS	,						ADDRESS	619	ın Shi Erir	ĭ ₩ay						ľ	
CITY-ST-ZIP	LUTZ FL		•				CITY-S		Bro	oksvi	lle,	FL	34601				1
TITLE	SD				DELETE	2.1	TITLE		D						Chan	ge	Addition
NAME	WILSON.	BEVERLY C				2.2	NAME		Rod	iney E	Oward	-Bro	wne				1
STREET ADDRESS	19020 ST LAURENT DR				2.3	STREET	ADDRESS					Pkwy,	Smit	ے 11 ص	Ω		
CITY-ST-ZIP	LUTZ FL	· · · - · · · · · · · · · · · · · · · ·				2.	2.4 CITY-ST-ZIP Ta			pa,	Fl.	3368	7	Dari		•	ĺ
TITLE	VD				DELETE	3,1	TITLE								Chan	ge	Addition
NAME	FITZPATI	RICK, BETTIE C)			3.2	NAME										İ
STREET ADDRESS	7610 GA	TES CIR				3,3	STREET	ADDRESS									[
CITY-ST-ZIP	SPRING HILL FL 34606						. CITY-S	T-ZIP									
TITLE	D				DELETE	4.1	TITLE	`				,			Chan	ge	Addition
NAME	ZOOBER	G, CARL DR.				4.3	2 NAME										
STREET ADDRESS	7265 RO	YAL OAK DRIV	E			4.3	STREET	ADDRESS									J
CITY-ST-ZIP	SPRING	HILL FL 34607				4.4	CITY-S	T-ZIP		_		_					
TITLE	D				DELETE	5.1	TITLE								Chan	ge	Addition
NAME	BARRY, I	DAVID REV.				5.2	NAME										ĺ
STREET ADDRESS	275 DELI	LA COURT	,			5.3	STREET	ADDRESS									
CITY -ST- ZIP	SPRING	HILL FL 34606				5.4	CITY-S	r-zip									
TITLE	D				DELETE	6.1	TITLE								Chan	ge .	Addition
NAME	GENTRI,	JOHN DR.				6.2	NAME										į
STREET ADDRESS	401 BRE	NTWOOD DRIV	Ε			6.3	STREET	ADDRESS									
CITY-ST-ZIP	TEMPLE	TERRACE FL 3	3617	_		6.4	CITY-S	Γ-ZIP									
14. I hereby c	ertify that the	information supr	olied with	this filing do	s not qualify fo	or the e	xempl	ion state	d in Se	ection 119	0.07(3)(i)	Florida S	Statutes. I fu	urther cer	tify that	the ir	formation
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.																	

Country