

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90079 008 ****61.25

DOCUMENT # N95000004345

1. Corporation Name

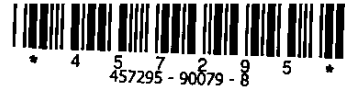
REJOICE MINISTRIES OF SPRING HILL, INC.

Principal Place of Business

4319 RIVER BIRCH DR
SPRING HILL FL 34607
US

Mailing Address

4319 RIVER BIRCH DR
SPRING HILL FL 34607
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/08/1995

4. FEI Number
31-1480290

Applied For
Not Applicable

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

WILSON, WILLIAM C
4319 RIVER BIRCH DR
SPRING HILL FL 34607

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

TITLE PTD ☐ DELETE
NAME WILSON, WILLIAM C
STREET ADDRESS 19020 ST LAURENT DR
CITY-ST-ZIP LUTZ FL

TITLE SD ☐ DELETE
NAME WILSON, BEVERLY C
STREET ADDRESS 19020 ST LAURENT DR
CITY-ST-ZIP LUTZ FL

TITLE VD ☐ DELETE
NAME FITZPATRICK, BETTIE C
STREET ADDRESS 7610 GATES CIR
CITY-ST-ZIP SPRING HILL FL 34606

TITLE D ☐ DELETE
NAME ZOOBERG, CARL DR.
STREET ADDRESS 7265 ROYAL OAK DRIVE
CITY-ST-ZIP SPRING HILL FL 34607

TITLE D ☐ DELETE
NAME SHIVER, JOHN
STREET ADDRESS 619 ERIN WAY
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE D ☒ DELETE
NAME HOWARD-BROWNE, RODNEY
STREET ADDRESS 8875 HIDDEN RIVER PKWY, STE 110
CITY-ST-ZIP TAMPA FL 33687

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Rick Eudy
1.3 STREET ADDRESS 3521 Kite Street
1.4 CITY-ST-ZIP San Diego, CA. 92103

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

Bettie Fitzpatrick

4/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)