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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N95000004345**

1. Corporation Name
REJOICE MINISTRIES OF SPRING HILL, INC.

Principal Place of Business	Mailing Address
4319 RIVER BIRCH DR SPRING HILL FL 34607 US	4319 RIVER BIRCH DR SPRING HILL FL 34607 US

457295 - 90079 - 8

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 09/08/1995 4. FEI Number 31-1480290 ☐ Applied For ☐ Not Applicable 5. Certifcate 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	10. Name and Address of New Registered Agent
WILSON, WILLIAM C 4319 RIVER BIRCH DR SPRING HILL FL 34607	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WILSON, WILLIAM C		1.2 NAME	Rick Eudy	
STREET ADDRESS	19020 ST LAURENT DR		1.3 STREET ADDRESS	3521 Kite Street	
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP	San Diego, CA. 92103	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, BEVERLY C		2.2 NAME		
STREET ADDRESS	19020 ST LAURENT DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		2. 4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FITZPATRICK, BETTIE C		3.2 NAME		
STREET ADDRESS	7610 GATES CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZOOBERG, CARL DR.		4. 2 NAME		
STREET ADDRESS	7265 ROYAL OAK DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34607		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHIVER, JOHN		5.2 NAME		
STREET ADDRESS	619 ERIN WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34601		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD-BROWNE, RODNEY		6.2 NAME		
STREET ADDRESS	8875 HIDDEN RIVER PKWY, STE 110		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33687		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 Bettie Fitzpatrick 4/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #