


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90018 014 ****61.25

DOCUMENT # N99000003186

1. Entity Name
JOYFUL RELEASE, INC.



Principal Place of Business Mailing Address

**5505 N OCEAN BLVD.
#2-202
BOYNTON BEACH FL 33435**

**5505 N OCEAN BLVD.
#2-202
BOYNTON BEACH FL 33435**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For

65-0981947 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, JAMES W
5505 N OCEAN BLVD
#2-202
BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAHAM, JAMES W	
STREET ADDRESS	5505 N OCEAN BLVD #2-202	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRAHAM, LUCY G	
STREET ADDRESS	5505 N OCEAN BLVD #2-202	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIDDENS, TORY S	
STREET ADDRESS	218 S W 7TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VICK, JAMES H	
STREET ADDRESS	7070 PERKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, DR. MARK	
STREET ADDRESS	3440 N.E. 11 TERR.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT GOMEZ	
STREET ADDRESS	530 DAVIS ST.	
CITY-ST-ZIP	LABELLE FLA. 33935	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. GRAHAM **02/24/04** **561-732-7777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #