

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702930

FILED
Apr 30, 2009
Secretary of State

Entity Name: JOY TABERNACLE, INC.

Current Principal Place of Business:

1415 5TH AVE
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

1415 5TH AVE
TAMPA, FL 33605 US

New Mailing Address:

FEI Number: 59-2754198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, DR CLARENCE E
1415 5TH AVE
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, CLARENCE E A.B.
Address: 1801 ANASTASIA WAY S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VD () Delete
Name: SWEET, WILLIE ELDER
Address: 3908 LAUREL
City-St-Zip: TAMPA, FL 33607

Title: DC () Delete
Name: BROWN, DONTA M
Address: 1408 BUCWOOD CT
City-St-Zip: TAMPA, FL 33510

Title: D () Delete
Name: MORGAN, FARNORRIS DEA
Address: 3611 N 53RD STREET, APT A
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: RACKETT, LOLITA MIN
Address: 1415 5TH AVE
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: DAVIS,, PRENTISS A ASST PA
Address: 4012 EAST HENRY AVE
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, CLARENCE E BISHOP
Address: 1801 ANASTASIA WAY S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARCHBISHOP CLARENCE E DAVIS

PD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date