

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733816

FILED  
Mar 06, 2012  
Secretary of State

**Entity Name:** JOY FELLOWSHIP MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

5978 OLD BETHEL ROAD  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 279  
CRESTVIEW, FL 32536

**New Mailing Address:**

**FEI Number:** 59-2327138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JORDAN, STANLEY F.  
5912 OAKHILL RD  
CRESTVIEW, FL 32536 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: STD  
Name: JORDAN, STANLEY F  
Address: 5912 OAKHILL ROAD  
City-St-Zip: CRESTVIEW, FL 32536

Title: D  
Name: COLE, MATTHEW J  
Address: 2377 GENEVIEWE  
City-St-Zip: CRESTVIEW, FL 32536

Title: PD  
Name: WALTERS, HAROLD D  
Address: 309 TRINIDAD COURT  
City-St-Zip: CRESTVIEW, FL 32536

Title: D  
Name: TUGGLE, LARRY  
Address: 6087 TERRACE LANE  
City-St-Zip: CRESTVIEW, FL 32536

Title: D  
Name: BRYANT, FREDDIE L  
Address: 5181 GRIFFITH MILL RD  
City-St-Zip: HOLT, FL 32564

Title: D  
Name: WALTERS, BRENDA  
Address: 309 TRINIDAD COURT  
City-St-Zip: CRESTVIEW, FL 32536

I hereby 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 all other like empowered.

SIGNATURE: BRENDA WALTERS

D

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date