

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

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90013 050 ****61.25

DOCUMENT # 751199

1. Entity Name

JOY EXPLOSION MINISTRIES, INC.



Principal Place of Business

RT. 11, BOX 106-Y
LAKE CITY FL 32024
US

Mailing Address

RT. 11, BOX 106-Y
LAKE CITY FL 32024
US

49076001



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2040636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, BARRY
RT. 11, BOX 3330
LAKE CITY FL 32024

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

Signature, typed or printed name of registered agent and title if applicable.

(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 PD ☐ Delete
NAME COLEMAN, BARRY
STREET ADDRESS RT. 11, BOX 3330
CITY-ST-ZIP LAKE CITY FL 32024

TITLE VD ☐ Delete
NAME COXE, TOM
STREET ADDRESS RT. 21, BOX 43
CITY-ST-ZIP LAKE CITY FL 32024

TITLE TD ☐ Delete
NAME POTTS, GEORGE
STREET ADDRESS RT. 11, BOX 105-B
CITY-ST-ZIP LAKE CITY FL 32024

TITLE SD ☐ Delete
NAME NORRIS, TSCHARNA
STREET ADDRESS RT. 18, BOX 173
CITY-ST-ZIP LAKE CITY FL 32025

TITLE D ☐ Delete
NAME WHITE, BILLY
STREET ADDRESS RT 21, BOX 352
CITY-ST-ZIP LAKE CITY FL 32024

TITLE D ☐ Delete
NAME TUCKER, BRIAN
STREET ADDRESS RT. 4, BOX 195
CITY-ST-ZIP LAKE CITY FL 32024

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Coleman

Date

5/1/04 386 752 6627

Daytime Phone #