

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751199

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** JOY EXPLOSION MINISTRIES, INC.

**Current Principal Place of Business:**

3134 SW PINMOUNT ROAD  
LAKE CITY, FL 32024 US

**New Principal Place of Business:**

**Current Mailing Address:**

3134 SW PINMOUNT ROAD  
LAKE CITY, FL 32024 US

**New Mailing Address:**

**FEI Number:** 59-2040636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

COLEMAN, BARRY  
1435 SW BRIM ST.  
LAKE CITY, FL 32024 US

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:

04/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COLEMAN, BARRY  
Address: 1435 SW BRIM ST.  
City-St-Zip: LAKE CITY, FL 32024

Title: VD  
Name: WHITE, BILLY  
Address: 428 SW WOODGATE TERR  
City-St-Zip: LAKE CITY, FL 32024

Title: TD  
Name: KEEN, GLENN  
Address: 1534 SW DEKLE ROAD  
City-St-Zip: LAKE CITY, FL 32024

Title: SD  
Name: KEEN, TSCHARNA  
Address: 1534 SW DEKLE ROAD  
City-St-Zip: LAKE CITY, FL 32024

Title: D  
Name: MEADE, BOB  
Address: 209 SW WALTER AVENUE  
City-St-Zip: LAKE CITY, FL 32024

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: BARRY COLEMAN

PD

04/26/2010

Electronic Signature of Signing Officer or Director

Date