

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90136 019 ****61.25

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE
NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE
NAME: ☐ Change ☐ Addition

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

5/1/03

Date

386-752-7283

Daytime Phone #

CR2E037 (10/02)