

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 754624**

1. Entity Name  
**VOICE OF JOY MINISTRIES, INC.**



Principal Place of Business  
**7700 WILSON BLVD  
JACKSONVILLE, FL 32210 US**

Mailing Address  
**P O BOX 65188  
ORANGE PARK, FL 32065 US**



01082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2116243</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**PICKERING, ROGER E.  
816 SANDLEWOOD DR.  
ORANGE PARK, FL 32065**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICKERING, ROGER E. 816 SANDLEWOOD DR. ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOILEAU, ROY 1962 LITTLE RIVER DRIVE ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PICKERING, LINDA C. 816 SANDLEWOOD DR. ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/25/08-80015-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*Roger E. Pickering* **Roger E. Pickering** 4-11-08 904-777-1888

Date

Daytime Phone #