

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 02, 2005**  
**Secretary of State**

DOCUMENT# 763547

**Entity Name:** JOY OF ZION EVANGELIST INTERDENOMINATION, INC.**Current Principal Place of Business:**2310 E. 11TH AVE.  
TAMPA, FL 33605**New Principal Place of Business:****Current Mailing Address:**PO BOX 75124  
TAMPA, FL 33675**New Mailing Address:****FEI Number:** 59-2201028**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BYRD, RUBY L  
2310 11TH E. AVE.  
PO BOX 75124  
TAMPA, FL 33605 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: PT ( ) Delete  
Name: BYRD, RUBY L  
Address: 2308 3 11TH AVE.  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: CROSLEY, LARRY K  
Address: 2310 E. 11TH AVE.  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: BYRD, JAMES  
Address: 1703 12TH ST. S.  
City-St-Zip: ST. PETERSBURG, FL 33731

Title: SD (X) Delete  
Name: CROSLEY, PAULA C  
Address: 2310 11TH AVE. E.  
City-St-Zip: TAMPA, FL 33605

Title: D (X) Delete  
Name: WHITE, CHARLES E  
Address: 2012 1/2 15 AVE.  
City-St-Zip: TAMPA, FL 33605

Title: V (X) Delete  
Name: BYRD, JOEVIDA  
Address: PO BOX 75124  
City-St-Zip: TAMPA, FL 33675

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/T (X) Change ( ) Addition  
Name: BYRD, RUBY L  
Address: 2308 E. 11TH AVE.  
City-St-Zip: TAMPA, FL 33605 US

Title: V/D (X) Change ( ) Addition  
Name: BYRD, JOEVIDA A  
Address: 2310 E. 11TH AVE.  
City-St-Zip: TAMPA, FL 33605 US

Title: S/D (X) Change ( ) Addition  
Name: BYRD, JAMES H  
Address: 2308 E 11TH AVE  
City-St-Zip: TAMPA, FL 33605 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES H. BYRD

S/D

11/02/2005

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