

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

03-17-2003 90684 020 ****70.00

DOCUMENT # 763547

1. Entity Name
JOY OF ZION EVANGELIST INTERDENOMINATION, INC.



Principal Place of Business
**2308 E. 11TH AVE.
P.O. BOX 75124
TAMPA FL 33675**

Mailing Address
**P.O. BOX 75124
TAMPA FL 33675**

2. Principal Place of Business
2310 E 11th AVE
Suite, Apt. #, etc.

3. Mailing Address
SAME P.O. Box
Suite, Apt. #, etc.

City & State
Tampa
Zip
33605

City & State
FL
Zip
33605

4. FEI Number **59-2201028**

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BYRD, RUBY L
2308 E. 11TH AVENUE
TAMPA FL 33605**

7. Name and Address of New Registered Agent

Name **LARRY C. CROSBY**
Street Address (P.O. Box Number is Not Acceptable)
**P.O. Box 75124
2310 E 11th AVE Tampa FL 33605**
City **Tampa FL 33605**

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 **Larry K. Crosby - LARRY K. Crosby**
Signature, typed or printed name of registered agent and title if applicable.

3-9-03
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 **PT** ☐ Delete
NAME **BYRD, RUBY L**
STREET ADDRESS **2308 3 11TH AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☒ Delete
NAME **LEWIS, PECOLIA**
STREET ADDRESS **1703 12TH ST SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33130**

TITLE **D** ☐ Delete
NAME **BYRD, JAMES**
STREET ADDRESS **1703 12TH ST. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33731**

TITLE **D** ☐ Delete
NAME **LEWIS, ALPHONSO**
STREET ADDRESS **1703 12TH ST SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **SD** ☒ Delete
NAME **MONTAQUE, LAURA**
STREET ADDRESS **1682 12TH ST. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33731**

TITLE **D** ☐ Delete
NAME **BYRD, JOEVIDA**
STREET ADDRESS **2305 E. 11TH AVE EAST**
CITY-ST-ZIP **TAMPA FL 33605**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **V** ☐ Change ☒ Addition
NAME **LARRY K. CROSBY**
STREET ADDRESS **2310 E. 11th AVE**
CITY-ST-ZIP **Tampa FL 33605**

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

TITLE **S. D. PAULA C. CROSBY** ☐ Change ☒ Addition
NAME **T. 2310 11th AVE E.**
STREET ADDRESS **Tampa, FL 33605**
CITY-ST-ZIP

TITLE **CHARLES E. White** ☐ Change ☒ Addition
NAME **2012 1/2 15 AVE TAMPA FL**
STREET ADDRESS **33605**
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 **LARRY K. CROSBY**

3-10-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruby Byrd

Date

Daytime Phone #

CR2E037 (10/02)