

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-03-2001 90954 034 ****61.25

DOCUMENT # N00000000241

1. Entity Name

THE JOYFUL CELEBRATIONS INCORPORATED/WOMEN OF JO

Principal Place of Business

69 MAJOREA DR
 WINTER SPRINGS FL 32708

Mailing Address

69 MAJOREA DR
 WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617155

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERRICK, KAREN J
 160 E BAHAMA RD
 WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name **MARVIN R. CLARK**
 Street Address (P.O. Box Number is Not Acceptable)
69 MAJOREA DR

City **WINTER SPRINGS** FL Zip Code **32708**

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.

SIGNATURE **MARVIN R. CLARK**
Marvin R. Clark

4/25/01

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	69 MAJOREA DR
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	SECTY/TREASURER ST
STREET ADDRESS	KAREN HERRICK
CITY-ST-ZIP	160 E BAHAMA RD WINTER SPRINGS, FL 32708
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S - Sec. MARVIN R. CLARK "D"
STREET ADDRESS	69 MAJOREA DR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C JEAN A CLARK "D"
STREET ADDRESS	69 MAJOREA DR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T KAREN HERRICK "T"
STREET ADDRESS	160 E BAHAMA RD
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/00)

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: *Jean A. Clark*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 407-327-7810
 Date Daytime Phone #