2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004285

1. Entity Name
SAY IT WITH JOY MINISTRIES, INC.

Principal Place of Business	Mailing Address
1603 OVERLOOK PL. SEBRING, FL 33870	P. O. BOX 303 SEBRING, FL 33870

01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOLLINGER, MICHAEL E
1603 OVERLOOK PL.
SEBRING, FL 33870

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000105768
04/07/04-80038-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SKARIAH, MATTHEW
STREET ADDRESS	P. O. BOX 686
CITY-ST-ZIP	ROSWELL, NM 882020686
TITLE	D
NAME	BOLLINGER, MICHAEL E
STREET ADDRESS	1603 OVERLOOK PL.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	BOLLINGER, JOY
STREET ADDRESS	1603 OVERLOOK PL.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joy Bollinger Joy Bollinger 3/30/04 863-382-4419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #