

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000003694 1. Entity Name OIL OF JOY FULL GOSPEL PROPHETIC PREACHING MINISTRIES, INC.	
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Principal Place of Business 1717 NORTH MAIN STREET JACKSONVILLE, FL 32206	Mailing Address PO BOX 1541 JACKSONVILLE, FL 32201-1541
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DO NOT WRITE IN THIS SPACE

FILED
05 MAY -3 PM 6:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



232005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 59-3731695	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEWTON, WILLIE C
69 W 32ND STREET
JACKSONVILLE, FL 32206**

**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 _____ 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, 2005**

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

00054694883
7/05--01080--025 **69.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWTON, WILLIE C 1717 NORTH MAIN STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEON, ELISA B 1717 NORTH MAIN STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT NEWTON, CHARITY B 1717 NORTH MAIN STREET JACKSONVILLE, FL 32206
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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: Charity B. Newton 4-15-05 904 3581535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #