

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003694

1. Entity Name
**OIL OF JOY FULL GOSPEL PROPHETIC PREACHING
MINISTRIES, INC.**



Principal Place of Business
**1717 NORTH MAIN STREET
JACKSONVILLE, FL 32206**

Mailing Address
**PO BOX 1541
JACKSONVILLE, FL 32201-1541**

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



04232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3731695

Applied For
Not Applicable

5. Certificate of Status Desired



\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD
NAME NEWTON, WILLIE C
STREET ADDRESS 1717 NORTH MAIN STREET
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE VT
NAME LEON, ELISA B
STREET ADDRESS 1717 NORTH MAIN STREET
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE STT
NAME NEWTON, CHARITY B
STREET ADDRESS 1717 NORTH MAIN STREET
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Charity B. Newton **4-15-05 904 3581535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #