

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

DOCUMENT # **NO1000006158**

1. Entity Name

JOYFUL PRAISE MINISTRIES INC.



FILED

**Aug 14, 2003 8:00 am
Secretary of State**

08-14-2003 90069 010 ****70.00

0042312

Principal Place of Business

7903 N LAGOON DR
PANAMA CITY FL 32408

Mailing Address

7903 N LAGOON DR
PANAMA CITY FL 32408

2. Principal Place of Business

7903 N. Lagoon DR

3. Mailing Address

7903 N. Lagoon DR

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32408

Country

Bay

Zip

32408

Country

Bay

4. FEI Number **26-0041580**

Applied For

Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CROUT, KENNETH A
7903 N LAGOON DR
PANAMA CITY FL 32408**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **CROUT, KENNETH A**
STREET ADDRESS **7903 N LAGOON DR**
CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D** Delete
NAME **CROUT, SYDNEY**
STREET ADDRESS **7903 N LAGOON**
CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **T** Delete
NAME **BOWMAN, PHYLLIS H**
STREET ADDRESS **HRC-35-2AA3**
CITY-ST-ZIP **EVERGREEN AL 36401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D** Delete
NAME **BRAZWELL, MARIE**
STREET ADDRESS **365 COVAN ROAD**
CITY-ST-ZIP **MC KENZIE AL 36456**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **SD** Delete
NAME **BOWMAN, JOHN D**
STREET ADDRESS **HCR-35-2AA3**
CITY-ST-ZIP **EVERGREEN AL 36401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D** Delete
NAME **BRAZWELL, JERRY**
STREET ADDRESS **365 COVAN ROAD**
CITY-ST-ZIP **MC KENZIE AL 36456**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *KENNETH A. CROUT*

CR2003 (4/03)

Aug 13, 03 850-233-3133

Date

Daytime Phone #