

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

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90188 020 ****70.00

DOCUMENT # N01000008558

1. Entity Name

JOYWA, INC.



Principal Place of Business

7377 HIGH LAKE DRIVE
ORLANDO FL 32818
US

Mailing Address

JOYWA, INC
P O BOX 12088
FORT PIERCE FL 34979
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0532186

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, BEATRICE
7377 HIGH LAKE DRIVE
ORLANDO FL 32818

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

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 DP ☐ Delete
NAME CONNOLLY, THERESA
STREET ADDRESS 7377 HIGH LAKE DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE DV ☐ Delete
NAME THOMPSON, BEATRICE
STREET ADDRESS 7377 HIGH LAKE DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE D ☐ Delete
NAME HENRY, OSWALD
STREET ADDRESS SPRING VILLAGE BUSHY PARK PO
CITY-ST-ZIP ST CATHERINE JAMAICA W INDIE

TITLE D ☐ Delete
NAME HINDS, CLIVE
STREET ADDRESS GORDON TOWN
CITY-ST-ZIP ST ANDREW JAMAICA W. INDIES

TITLE SVP ☒ Delete
NAME ROSCHEN, EVA
STREET ADDRESS 4404 GATOR TRACE LANE
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE TS ☒ Delete
NAME FLOWERS, RALPH
STREET ADDRESS SAN DIEGO AVENUE
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☒ Addition
NAME **CHAIRMAN**
STREET ADDRESS **DONALD WATSON (ATTORNEY AT LAW)**
CITY-ST-ZIP **WATERSIDE PROFESSIONAL BLDG.**
221 EAST OSCEOLA ST. STUART FL 34994

TITLE ☐ Change ☒ Addition
NAME **COORDINATOR**
STREET ADDRESS **Robert Adderley**
CITY-ST-ZIP **2479 ALANTIS D**
FT. PIERCE FL 34981

TITLE ☐ Change ☒ Addition
NAME **SVP RUTH CRICHLOW**
STREET ADDRESS **1601 SE NANCY LANE**
CITY-ST-ZIP **PSL. FL 34983**

TITLE ☐ Change ☒ Addition
NAME **ST DOROTHY DAVIS**
STREET ADDRESS **2209 JO HAYWOOD DR.**
CITY-ST-ZIP **FT. PIERCE FL 34946**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature Required

THERESA CONNOLLY 772-335-3326

CR2E037 (10/02)