

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008909

1. Entity Name
ABUNDANT JOY CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business Mailing Address
3382 PEORIA RD P.O. BOX 1249
ORANGE PARK, FL 32067 ORANGE PARK, FL 32067

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3630117 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

TOLSON, JOHN F JR
462 KINGSLEY AVE, STE. 101
ORANGE PARK, FL 32068

**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 September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DONALD F 2768 CACTUS DR. ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, JOSEPH 2660 SHANNON ST. ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, ROBERT 8855 BANDERA CIR S JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, SANDRA 3334 DEERFIELD POINT ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000954306
07/11/08-80007-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joseph C. Reed / Joseph C. REED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10, 2008
Date

904-272-0112
Daytime Phone #