

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90012 004 ****70.00

DOCUMENT # N02000001134	
1. Entity Name REJOICE "TRANSFORMING" MINISTRIES INC.	

Principal Place of Business 4604 BANKHEAD AVE. JACKSONVILLE, FL 32207	Mailing Address 4604 BANKHEAD AVE. JACKSONVILLE, FL 32207
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
	USA



02032004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0227113	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLUME, INA 4604 BANKHEAD AVE. JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  **2/24/04**

(Signature of person or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD BLUME, INA 4604 BANKHEAD AVE. JACKSONVILLE, FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPRINKLE, SHIRLEY 10176 HERNDON RD. JACKSONVILLE, FL 322462208 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Treasurer ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KOHN, DEBORAH 2648 BOTTOMRIDGE DR. ORANGE PARK, FL 32065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jackie Shears 1676 Pinecrest Drive Orange Park, Florida 32003 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 19.07(3)(b), 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 filers empowered.

SIGNATURE:  **2/24/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MON/YEAR