

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004627

1. Entity Name

SOUNDS OF JOY MINISTRIES, INC.



Principal Place of Business

446 HALSEMA RD N
JACKSONVILLE FL 32220

Mailing Address

446 HALSEMA RD N
JACKSONVILLE FL 32220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

45-0477269

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TACK, DAVID
446 HALSEMA RD N
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

Name DAVID TACK

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

446 HALSEMA RD. N.

City

JACKSONVILLE

FL

Zip Code

32220

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
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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TACK, DAVID
STREET ADDRESS 446 HALSEMA RD N
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

TITLE VD
NAME TACK, PAT
STREET ADDRESS 446 HALSEMA RD N
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

TITLE TD
NAME EVERETT, FRANK
STREET ADDRESS 1090 HALSEMA RD N
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

TITLE TD
NAME WATSON, CLYDE
STREET ADDRESS 490 HALSEMA RD. N
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

TITLE TD
NAME GRAHAM, JOHN
STREET ADDRESS 5310 CRESTA WAY
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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: DAVID W. TACK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04 904-781-4188

Date

Daytime Phone #