

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004627

FILED
Jan 28, 2007
Secretary of State

Entity Name: SOUNDS OF JOY MINISTRIES, INC.

Current Principal Place of Business:

446 HALSEMA RD N
JACKSONVILLE, FL 32220

New Principal Place of Business:

446 HALSEMA RD N
JACKSONVILLE, FL 32220 16

Current Mailing Address:

446 HALSEMA RD N
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 45-0477269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TACK, DAVID
446 HALSEMA RD N
JACKSONVILLE, FL 32220 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TACK, DAVID
Address: 446 HALSEMA RD N
City-St-Zip: JACKSONVILLE, FL 32220

Title: VD () Delete
Name: TACK, PAT
Address: 446 HALSEMA RD N
City-St-Zip: JACKSONVILLE, FL 32220

Title: TD () Delete
Name: EVERETT, FRANK
Address: 1090 HALSEMA RD N
City-St-Zip: JACKSONVILLE, FL 32220

Title: TD () Delete
Name: WATSON, CLYDE
Address: 490 HALSEMA RD. N
City-St-Zip: JACKSONVILLE, FL 32220

Title: TD () Delete
Name: KIMBLE, TERESA
Address: 333 CELERY AVE N
City-St-Zip: JACKSONVILLE, FL 32220

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: STEWART, BETTY
Address: 9645 VILLIERS DR. S.
City-St-Zip: JACKSONVILLE, FL 32221

Title: CD (X) Change () Addition
Name: PETTRY, DAVID
Address: 104 ANTLEER CT.
City-St-Zip: PONTA VEDRA, FL 32082

Title: CD () Change (X) Addition
Name: SZABO, ALEX
Address: 1119 KNOBB HILL DR.
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID TACK

PD

01/28/2007

Electronic Signature of Signing Officer or Director

Date