

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

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90076 039 \*\*\*\*70.00

**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

4. FEI Number

**FEIN 45-0477269**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**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

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	TACK, DAVID	446 HALSEMA RD N	JACKSONVILLE FL 32220	<input type="checkbox"/>
VD	TACK, PAT	446 HALSEMA RD N	JACKSONVILLE FL 32220	<input type="checkbox"/>
TD	EVERETT, FRANK	1090 HALSEMA RD N	JACKSONVILLE FL 32220	<input type="checkbox"/>
TD	TACK, MARY	15509 LAKESHORE VILLAS DR LOT 86	TAMPA FL 33613-1320	<input checked="" type="checkbox"/>
TD	GRAHAM, JOHN	5310 CRESTA WAY	JACKSONVILLE FL 32211	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
TD	WATSON, CLYDE	490 HALSEMA RD. N.	JACKSONVILLE, FL 32220	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** FEB 6, 2003 904-781-4199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)