

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

REFLECTED
04-02-2004 90026 033 *****70.00
N02000005959

FILED

04 JUL 23 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32304-0001



MOORE CR2E037 (11/03)

DOCUMENT # N02000005959				
1. Entity Name JOY AND PRAISE FELLOWSHIP OF CITRUS COUNTY, FLORIDA, INC.				
Principal Place of Business 4077 N. LECANTO HWY BEVERLY HILLS FL 34464		Mailing Address P.O. BOX 640852 BEVERLY HILLS FL 34464-4		
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 36-4519662				Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent COLON, MARIA J 5415 N. RED RIBBON POINT BEVERLY HILLS FL 34465				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 <u><i>Maria J. Colon</i></u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u><i>March 31, 2004</i></u> 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	PAST ☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NELSON, RICHARD D	NAME		
STREET ADDRESS	312 HIAWATHA AVE	STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34452	CITY-ST-ZIP		
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COLON, MARIA J	NAME		
STREET ADDRESS	5415 N. RED RIBBON POINT	STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL 34465	CITY-ST-ZIP		
TITLE	TRUS ☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	MEEKS, DAVID	NAME	TRUS LEONARD JONES	
STREET ADDRESS	437 E. SAVOY ST.	STREET ADDRESS	1816 MOONBEAM WAY	
CITY-ST-ZIP	LECANTO FL 34461	CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	TRUS ☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DEES, ODIS	NAME		
STREET ADDRESS	1780 E. SHERIDAN LANE	STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL 34442	CITY-ST-ZIP		
TITLE	TRUS ☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COLON, JOSE A	NAME		
STREET ADDRESS	5415 N. RED RIBBON POINT	STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL 34465	CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: <u><i>Maria J. Colon</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <u><i>March 31, 2004</i></u> DATE
				Daytime Phone #