

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90091 022 \*\*\*\*70.00

**DOCUMENT # N02000005959**

1. Entity Name

**JOY AND PRAISE FELLOWSHIP OF CITRUS COUNTY, FLORIDA, INC.**



Principal Place of Business

**5397 N. BRONCO TERRACE  
BEVERLY HILLS FL 34465**

Mailing Address

**P.O. BOX 640852  
BEVERLY HILLS FL 34464-4**

2. Principal Place of Business

**4077 N. Lecanto Hwy**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Beverly Hills, FL**

Zip

**34464**

Country

**Citrus**

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GARRISON, CHRISTINE  
5397 N. BRONCO TERRACE  
BEVERLY HILLS FL 34465**

7. Name and Address of New Registered Agent

Name **Maria J. Colon**

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

**5415 N. Red Ribbon Point**

City **Beverly Hills**

**FL**

Zip Code  
**34465**

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 **Maria J. Colon**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-7-03**

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 **Pastor**  
NAME **Richard D. Nelson**  
STREET ADDRESS **312 Hiawatha Ave**  
CITY-ST-ZIP **Inverness, FL 34452**

☐ Delete

TITLE **Secretary Treasurer**  
NAME **Christine Garrison**  
STREET ADDRESS **5397 N. BRONCO TERRACE**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

☒ Delete

TITLE **TRUSTEE**  
NAME **DAVID MEEKS**  
STREET ADDRESS **437 E. SAVOY ST**  
CITY-ST-ZIP **LECANTO, FL 34461**

☐ Delete

TITLE **TRUSTEE**  
NAME **ODIS DEES**  
STREET ADDRESS **1780 E. SHERIDAN LANE**  
CITY-ST-ZIP **HERNANDO, FL 34442**

☐ Delete

TITLE **TRUSTEE**  
NAME **JOSE A. COLON**  
STREET ADDRESS **5415 N. RED RIBBON POINT**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

☐ 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 **Secretary Treasurer**  
NAME **MARIA J. COLON**  
STREET ADDRESS **5415 N. RED RIBBON POINT**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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: **Richard D. Nelson**

**1-7-03**

**(352) 341-1946**

CR2E037 (10/02)