


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

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90213 044 \*\*\*\*70.00

<b>DOCUMENT # N03000000285</b>		
1. Entity Name <b>THE JOY OF JESUS, INC.</b>		

Principal Place of Business <b>2616 ROXBORO AVE. DELTONA FL 32725</b>	Mailing Address <b>2616 ROXBORO AVE. DELTONA FL 32725</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
<b>CIOFFI, HAROLD A 2616 ROXBORO AVE. DELTONA FL 32725</b>	

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D CIOFFI, HAROLD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOFFI, HAROLD	NAME	
STREET ADDRESS	2616 ROXBORO AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	CITY-ST-ZIP	
TITLE	D CIOFFI, MARIA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOFFI, MARIA	NAME	
STREET ADDRESS	2616 ROXBORO AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	CITY-ST-ZIP	
TITLE	D BAKER, LOUIS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, LOUIS	NAME	
STREET ADDRESS	COUNTRYSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763	CITY-ST-ZIP	
TITLE	D CIOFFI, ANTHONY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOFFI, ANTHONY	NAME	
STREET ADDRESS	1940 S. OLDMILL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

SIGNATURE: 	4-30-04	(386) 532-9279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #