

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004935

FILED  
Feb 08, 2005  
Secretary of State

Entity Name: OIL OF JOY MINISTRIES, INC.

**Current Principal Place of Business:**

993 PINE LAND DR.  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

993 PINE LAND DR.  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 03-0522680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACKSON, SHAUNA K  
993 PINE LAND DR.  
ROCKLEDGE, FL 32955 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: JACKSON, SHAUNA  
Address: 993 PINE LAND DR.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD ( ) Delete  
Name: JACKSON, LARRY  
Address: 993 PINE LAND DR.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: OD ( ) Delete  
Name: MURRAY, SHAYLA  
Address: 993 PINE LAND DR.  
City-St-Zip: ROCKLEDGE, FL 32955

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAUNA K. JACKSON

PD

02/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date