

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90031 016 \*\*\*\*61.25

**DOCUMENT # N03000005392**

1. Entity Name  
JOY SCOTT'S MINISTRIES - THE CARPENTER'S WAY,  
INC.



Principal Place of Business  
726 ORANGE AVE.  
FT. PIERCE, FL 34950

Mailing Address  
726 ORANGE AVE.  
FT. PIERCE, FL 34950

**54034436**



2. Principal Place of Business

3. Mailing Address

*704 So. 7th St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004 Chg-NP CR2E037 (10/03)

City & State

City & State  
*Fort Pierce, Fla.*

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

*34950*

*St. Lucie*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, AL  
2057 S US 1  
FT. PIERCE, FL 34950

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

**Filing 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
SCOTT, JOY  
704 SOUTH 7TH ST.  
FT. PIERCE, FL 34950 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
LEACH, ALVIN  
704 SOUTH 7TH ST.  
FT. PIERCE, FL 34950 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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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:

*Joy Ann Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-28-2004*

Date

Daytime Phone #