

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007906

FILED
May 09, 2008
Secretary of State

Entity Name: JOY OUTREACH CENTER, INC.

Current Principal Place of Business:

14949 GREEN VALLEY BLVD.
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 12-1199
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 20-0188596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMAS, WARREN W
14949 GREEN VALLEY BLVD.
CLERMONT, FL 34711 US

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: THOMAS, WARREN W
Address: PO BOX 12-1199
City-St-Zip: CLERMONT, FL 34712

Title: VD () Delete
Name: THOMAS, TERESA R
Address: PO BOX 12-1199
City-St-Zip: CLERMONT, FL 34712

Title: SD () Delete
Name: VAN RENSBURG, NICK
Address: PO BOX 5304
City-St-Zip: KANEOHE, HI 96744

Title: TD () Delete
Name: THOMAS, WARREN W
Address: PO BOX 12-1199
City-St-Zip: CLERMONT, FL 34712

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WARREN W. THOMAS

PD

05/09/2008

Electronic Signature of Signing Officer or Director

Date