

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90008 033 ****61.25

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1. Entity Name

HOUSE OF JOY MINISTRIES, INC.



Principal Place of Business

Mailing Address

311-B S. RAILROAD STREET
BUNNELL FL 32110

P.O. BOX 203
BUNNELL FL 32110

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1466615

Applied For

Not Applicable

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

EMANUEL, ALICE M
330 S. CHERRY STREET
BUNNELL FL 32110

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 PD *PASTOR / President* ☐ Delete
NAME EMANUEL, ALICE M
STREET ADDRESS 330 S. CHERRY STREET
CITY ST ZIP BUNNELL FL 32110

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE TD ☐ Delete
NAME EMANUEL, LETRIONA S.
STREET ADDRESS 8010 FOXDALE DRIVE
CITY ST ZIP JACKSONVILLE FL 32211

TREASURER ☒ Change ☐ Addition
NAME Shirley Owens
STREET ADDRESS 306 S. Moore St.
CITY ST ZIP Bunnell Fla 32110

TITLE SD *SECRETARY* ☐ Delete
NAME GIPSON, SUSAN A
STREET ADDRESS 803 E. BOOE STREET
CITY ST ZIP BUNNELL FL 32110

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE CT *TRUSTEE* ☐ Delete
NAME STANLEY, OTIS
STREET ADDRESS 5 RODGER COURT
CITY ST ZIP PALM COAST FL 32164

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE CT ☐ Delete
NAME OWENS, SHIRLEY
STREET ADDRESS 306 S. MOORE ST.
CITY ST ZIP BUNNELL FL 32110

TRUSTEE ☒ Change ☐ Addition
NAME Lizzie M. Giddens
STREET ADDRESS 463 peach st Apt 109
CITY ST ZIP Bunnell Fla 32110

TITLE CT ☐ Delete
NAME MCKAY, GLORIA J
STREET ADDRESS 311 S. RAILROAD STREET
CITY ST ZIP BUNNELL FL 32110

ADMINISTRATOR ☒ Change ☐ Addition
NAME MCKAY Gloria J.
STREET ADDRESS 27 Knox Jones Rd.
CITY ST ZIP Bunnell FL 32110

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Alice Emanuel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #