

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03856 (4)**

1. Corporation Name  
**COUNT IT ALL JOY, INC.**



Principal Place of Business: **C/O CALVARY CHURCH, 1925 HAMMOCK ROAD, SEBRING FL 33872, US**  
Mailing Address: **C/O CALVARY CHURCH, 1925 HAMMOCK ROAD, SEBRING FL 33872, US**

3. Date Incorporated or Qualified: **06/22/1984**  
3a. Date of Last Report: **05/31/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-2438176**  
Applied For:   
Not Applicable:

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

City & State: **28**

Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BANKE RICHARD E  
1925 HAMMOCK ROAD  
SEBRING FL 33872**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when substituting) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BANKE RICHARD, E.	
STREET ADDRESS	1925 HAMMOCK ROAD	
CITY-ST-ZIP	SEBRING FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MOODY, SHIRLEY	
STREET ADDRESS	19681 SUMMERLIN ROAD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BRACHT, PAULINE M	
STREET ADDRESS	2011 THEODORE STREET	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard E. Banke DP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Richard E. Banke DP**

Date: **3-11-96** Daytime Phone #: **941-385-5533**

CR2E037 (12/95)