

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90006 015 \*\*\*\*61.25

DOCUMENT # **NO 3856**  
 1. Entity Name  
**COUNT IT ALL JOY, INC.** ✓

Principal Place of Business Mailing Address  
**C/O CALVARY CHURCH**  
**1925 HAMMOCK RD**  
**SEBRING, FL. 33872**

2. Principal Place of Business 3. Mailing Address **CHANGE TO!**  
**C/O CALVARY CHURCH**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1925 HAMMOCK RD** **19681 SUMMERLIN RD, K533**

City & State City & State  
**SEBRING, FL.** **FT. MYERS, FL.**

Zip Country Zip Country  
**33872 HIGHLANDS** **33908 LEE**

**00057986**  
 DO NOT WRITE IN THIS SPACE  
 4. FEI Number **592438176** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**REV. RICHARD E. BANKE**  
**19681 SUMMERLIN RD, K533**  
**FT. MYERS FL. 33908**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE *Rev. Richard E. Banke* **5-14-01**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                     |   |  |
|-------------------------------------|---|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|-------------------------------------|---|--|

10. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>D/P</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>REV. RICHARD E. BANKE</b>    |                                 |
| STREET ADDRESS | <b>19681 SUMMERLIN RD K533</b>  |                                 |
| CITY-ST-ZIP    | <b>FT. MYERS FL 33908</b>       |                                 |
| TITLE          | <b>D/V.P.</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>SHIRLEY MOODY</b>            |                                 |
| STREET ADDRESS | <b>19681 SUMMERLIN RD, K533</b> |                                 |
| CITY-ST-ZIP    | <b>FT. MYERS FL 33908</b>       |                                 |
| TITLE          | <b>D/S-T</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>PAULINE BRACHT</b>           |                                 |
| STREET ADDRESS | <b>2011 THEODORE ST.</b>        |                                 |
| CITY-ST-ZIP    | <b>SEBRING FL. 33872</b>        |                                 |
| 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    |                                 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 *Rev. Richard E. Banke* **RICHARD E. BANKE** **5-14-01** **941-466-1145**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)