



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/29/2005-90150-001-\$61.25-\$61.25 \*  
8/29/2005-90150-002-\$8.75-\$8.75

<b>DOCUMENT # N04000003021</b> 1. Entity Name <b>JOY UNSPEAKABLE MINISTRIES INC.</b>						<b>FILED</b> T. Roberts <b>SEP 29 2005</b> <b>05 SEP 29 PM 1:01</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>5 SOUTH IVEY LANE ORLANDO, FL 32811</b>				Mailing Address <b>5 SOUTH IVEY LANE ORLANDO, FL 32811</b>			
2. Principal Place of Business		3. Mailing Address		07012005 Chg-NP CR2E037 (10/03)  4. FEI Number <b>01-0778178</b> Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent <b>BURNETT, JOHN C 5 SOUTH IVEY LANE ORLANDO, FL 32811</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P <b>BURNETT, JOHN C</b> <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BURNETT, JOHN C</b>			NAME			
STREET ADDRESS	<b>5 SOUTH IVEY LANE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>			CITY-ST-ZIP			
TITLE	P <b>BURNETT, DEBRA A</b> <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BURNETT, DEBRA A</b>			NAME			
STREET ADDRESS	<b>5 SOUTH IVEY LANE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: <b>John C. Burnett</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>8/22/05</b> <small>Date</small>			