## 2006 NOT-FOR-PROFIT CORPORATION

## Apr 27, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N04000003021 04-27-2006 90371 001 \*\*\*\*61.25 JOY UNSPEAKABLE MINISTRIES INC. 04-27-2006 90371 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 66012264 **5 SOUTH IVEY LANE 5 SOUTH IVEY LANE** ORLANDO, FL 32811 ORLANDO, FL 32811 02212006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0778178 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURNETT, JOHN C DO NOT WRITE **5 SOUTH IVEY LANE** ORLANDO, FL 32811 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2006 10, OFFICERS AND DIRECTORS TITLE NAME BURNETT, JOHN C STREET ADDRESS **5 SOUTH IVEY LANE** CITY-ST-ZIP ORLANDO, FL 32811 TITL F BURNETT, DEBRA A NAME STREET ADDRESS **5 SOUTH IVEY LANE** CITY-ST-7IP ORLANDO, FL 32811 TITLE

## DO NOT WRITE IN THIS SPACE

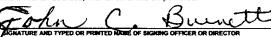
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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:

STREET ADDRESS

CITY-ST-ZIP ITTLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



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