

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003021 1. Entity Name JOY UNSPEAKABLE MINISTRIES INC.					
Principal Place of Business 5 SOUTH IVEY LANE ORLANDO FL 32811			Mailing Address 5 SOUTH IVEY LANE ORLANDO FL 32811		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 01-0778178				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNETT, JOHN C 5 SOUTH IVEY LANE ORLANDO FL 32811			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. 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 reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 NAME STREET ADDRESS CITY- ST- ZIP	P ☐ Delete BURNETT, JOHN C 5 SOUTH IVEY LANE ORLANDO FL 32811		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 000000950874 06/04/08-80010-003 61.25	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ☐ Delete BURNETT, DEBRA A 5 SOUTH IVEY LANE ORLANDO FL 32811		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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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: *John C. Burnett*

May 4, 2008