

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010188

FILED
Apr 27, 2006
Secretary of State

Entity Name: JOY! FAMILY WORSHIP CENTER INC.

Current Principal Place of Business:

2009 W VINE STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

310 N. CLYDE AVE
KISSIMMEE, FL 34741

Current Mailing Address:

218 MONTANA AVENUE
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 20-1875309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

ACTON, WILLIAM W PASTOR
218 MONTANA AVE
ST.CLOUD, FL 34769 US

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: WILLIAM W. ACTON

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: ACTON, BILL PASTOR
Address: 218 MONTANA AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: D () Delete
Name: ACTON, KATHRYN M ASSOC-P
Address: 218 MONTANA AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: S () Delete
Name: BERKEBILE, REBECCA
Address: 4774 SPARROW DR.
City-St-Zip: ST. CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN M. ACTON

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date