

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010188

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** JOY! FAMILY WORSHIP CENTER INC.

**Current Principal Place of Business:**

310 N. CLYDE AVE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: S (X) Change ( ) Addition  
Name: STORMS, BRENDA  
Address: 218 MONTANA AVE  
City-St-Zip: ST. CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify 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

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date