

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002677

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** THE JOY OUTREACH COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

441 EAST 12 STREET  
HIALEAH, FL 33010 US

**New Principal Place of Business:**

**Current Mailing Address:**

441 EAST 12 STREET  
HIALEAH, FL 33010 US

**New Mailing Address:**

15476 N.W. 77TH COURT  
#226  
MIAMI LAKES, FL 33016 US

**FEI Number:** 20-2749672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PEREZ, EDUARDO REV.  
738 EAST 32 STREET  
HIALEAH, FL 33013 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: P ( ) Delete  
Name: PALACIOS, FLORENCIA M  
Address: 16042 NW 79 CT  
City-St-Zip: MIAMI LAKES, FL 33016

Title: S ( ) Delete  
Name: GARCIA, ROSAMARIA F  
Address: 3320 S.W. 18TH STREET  
City-St-Zip: MIAMI, FL 33145

Title: VP ( ) Delete  
Name: DIAZ, LIANA  
Address: 15545 MIAMI LAKEWAY N #205  
City-St-Zip: MIAMI LAKES, FL 33014

Title: T ( ) Delete  
Name: DIAZ, HECTOR  
Address: 15545 MIAMI LAKEWAY N #205  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: PEREZ, ODALYS  
Address: 2970 N.W. 96TH STREET  
City-St-Zip: MIAMI, FL 33147

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 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: FLORENCIA M. PALACIOS

P

05/01/2008

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

\_\_\_\_\_  
Date