

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004868

FILED
Jan 05, 2009
Secretary of State

Entity Name: JOYFUL AGAIN ORLANDO, INC.

Current Principal Place of Business:

55 FAIRWAY DR.
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

55 FAIRWAY DR.
DEBARY, FL 32713

New Mailing Address:

FEI Number: 26-2691750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUZIL, DORIS A.
55 FAIRWAY DR.
DEBARY, FL 32713 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: NEUZIL, DORIS A.
Address: 55 FAIRWAY DR.
City-St-Zip: DEBARY, FL 32713

Title: VP () Delete
Name: BULLARD, MARGIE
Address: 2650 DAKOTA DR.
City-St-Zip: DELAND, FL 32724

Title: ST () Delete
Name: GROHOLSKI, SHARON
Address: 67 PUTTERS LANE
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: D'AMBROSIO, DONNA
Address: 50 E ROBINSON ST
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: PANICO, RITA
Address: 117 HAWKCREST CT.
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: MCLAUGHLIN, CAROLYN
Address: 935 WEDGEWOOD
City-St-Zip: WINTER SPRINGS, FL 32708

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:

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 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: DORIS A NEUZIL

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date