

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08632

FILED
Apr 11, 2007
Secretary of State

Entity Name: REJOICE CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

8598 N W 7TH ST
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

8598 NW 7TH ST
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 38-2554039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACVICAR, ANDREA
8598 NW 7 ST.
CORAL SPRINGS, FL 33071 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: PD () Delete
Name: MACVICAR, ANDREA,
Address: 8598 NW 7 ST.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: MACVICAR, MACK G.,
Address: 8598 NW 7 ST.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: CICCONI, DOREEN
Address: 18051 104TH TERRACE
City-St-Zip: BOCA RATON, FL 33498

Title: D (X) Delete
Name: CICCONI, WILLIAM
Address: 18051 104TH TERRACE
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: ARCHULETA, JUDI
Address: 4802 BERKLEY MEWS
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: ARCHULETA, MEDARDO
Address: 4802 BERKLEY MEWS
City-St-Zip: WEST PALM BEACH, FL 33415

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 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: MACK G MACVICAR

D

04/11/2007

Electronic Signature of Signing Officer or Director

Date