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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N21255**

1. Corporation Name

**BELIEVER'S JOY WORSHIP CENTER, INCORPORATED**

Principal Place of Business

**13066 YELLOW BLUFF ROAD  
JACKSONVILLE FL 32226**

Mailing Address

**13066 YELLOW BLUFF ROAD  
JACKSONVILLE FL 32226**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**06/22/1987**

4. FEI Number

**59-2814287**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**CREWS, DEBORAH D  
3222 FRITZ ROAD  
JACKSONVILLE FL 32226**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
SHIFERDEK, LYLE E., JR.**  
STREET ADDRESS **923 WEBB ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **SD  
NICHOLS, MICHELE**  
STREET ADDRESS **3236 PEACEFUL COURT**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **V  
CREWS, RICHARD L**  
STREET ADDRESS **3222 FRITZ RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE ☐ DELETE

NAME **TR  
LOWERY, FORREST W**  
STREET ADDRESS **536 E 61ST ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ DELETE

NAME **TR  
NICHOLS, HUBERT L**  
STREET ADDRESS **3236 PEACEFUL CT**  
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE ☒ DELETE

NAME **SD  
NICHOLS, MICHELE**  
STREET ADDRESS **3236 PEACEFUL CT**  
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **927 Webb Road**

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**TREASURER/DIRECTOR  
CREWS, DEBORAH D  
3222 FRITZ ROAD  
JACKSONVILLE FL 32226**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-99**

Date

**(904) 757-1883**

Daytime Phone #

CR2E037 (11/98)