2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N21255

Entity Name: BELIEVER'S JOY WORSHIP CENTER, INCORPORATED

Current Principal Place of Business:

13066 YELLOW BLUFF ROAD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

13066 YELLOW BLUFF ROAD
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-2814287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CREWS, DEBORAH D
3222 FRITZ ROAD
JACKSONVILLE, FL 32226 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: SHIFERDEK, LYLE E.,, JR.
Address: 927 WEBB RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD ( ) Delete
Name: MIANO, SUSAN L
Address: 54223 JANICE DR
City-St-Zip: CALLAHAN, FL 32011

Title: V ( ) Delete
Name: CREWS, RICHARD L
Address: 3222 FRITZ RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: TR ( ) Delete
Name: LOWERY, FORREST W
Address: 536 E 61ST ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: TR ( ) Delete
Name: NICHOLS, HUBERT L
Address: 3236 PEACEFUL CT
City-St-Zip: JACKSONVILLE, FL 32226

Title: T/D ( ) Delete
Name: CREWS, DEBORAH D
Address: 3222 FRITZ RD
City-St-Zip: JACKSONVILLE, FL 32226

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 Section 119.07(3)(i), 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: SUSAN L MIANO SD 04/26/2005

Electronic Signature of Signing Officer or Director — Date