FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

"FILED"
'95 AUG -7 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N28541 (3)

1. Corporation Name
COUNT IT ALL JOY MINISTRIES, INC.

Principal Place of Business	Mailing Address
8401 GRAMPELL DR. JACKSONVILLE FL 32208	8401 GRAMPELL DR. JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1988
3a. Date of Last Report: 09/09/1994
4. FEI Number: 59-2911027 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WILLIAMS, DEBRA M.
~~8401 GRAMPELL DRIVE~~
JACKSONVILLE FL ~~32208~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 11039 Traci Lynn Drive
83
84 City Jacksonville FL 85 Zip Code 32218

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	WILLIAMS, DEBRA M.	12 NAME	
STREET ADDRESS	~~2505 BARRY DR S.~~	13 STREET ADDRESS	11039 Traci Lynn Drive
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32218-7705
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BRENNAN, LANA GAUDRY	22 NAME	
STREET ADDRESS	10518 FT. GEORGE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32226	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BOYD, CHARLENE	32 NAME	
STREET ADDRESS	8401 GRAMPELL DR	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	MACK, CYNTHIA	42 NAME	
STREET ADDRESS	8626 BRAZIL RD	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SYKES, MYRTICE	52 NAME	
STREET ADDRESS	1619 PERRY ST	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MCCRAY-HOUSE, CONSTANCE	62 NAME	
STREET ADDRESS	1143 TURTLE CREEK DR., N	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Debra M. Williams Debra M. Williams 8-1-95 (904) 751-5234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028078