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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N37305 (2)

1. Corporation Name

VOICE OF JOY FAMILY WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

3883 STAR TREE RD.  
JACKSONVILLE FL 32210

3883 STAR TREE RD.  
JACKSONVILLE FL 32210-4578



3. Date Incorporated or Qualified  
03/22/1990

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2996194

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, ALLEN B.  
3883 STAR TREE RD.  
JACKSONVILLE FL 32210

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME COLEMAN, ALLEN B.  
STREET ADDRESS 3883 STAR TREE RD.  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

NAME COLEMAN, ANGELA D.

STREET ADDRESS 3883 STAR TREE RD.  
CITY-ST-ZIP JACKSONVILLE FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE

NAME COLEMAN, ANGELA D.  
STREET ADDRESS 3883 STAR TREE RD.  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

NAME DEAS, VANNILA S

STREET ADDRESS 9380 103RD ST. #23  
CITY-ST-ZIP JACKSONVILLE FL 32210

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE

NAME DEAS, VANNILA S  
STREET ADDRESS 9380 103RD ST. #23  
CITY-ST-ZIP JACKSONVILLE FL 32210

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS 9380 103RD ST. #23  
CITY-ST-ZIP JACKSONVILLE FL 32210

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*Allen B. Coleman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97

(904) 783-8393

CR2E037 (9/96)