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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41436**

(9)

1. Corporation Name

JOY MINISTRIES, INC.

Principal Place of Business

131 SOUTH EIGHTH AVENUE
WAUCHULA FL 33873
US

Mailing Address

EULA TOOTSIE GUDAL
1380 MT. PISGAH ROAD
FT. MEADE FL 33841
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/21/1990

3a. Date of Last Report
04/21/1994

4. FBI Number
65-0230728

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

GUDAL, EULA TOOTSIE
1380 MT PISGAH RD
FT MEADE FL 33841

10. Name and Address of New Registered Agent

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 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

Eula "Tootsie" Gudal, President *Eula "Tootsie" Gudal* *3-7-95*

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

PD

NAME

GUDAL, EULA TOOTSIE

STREET ADDRESS

1380 MT PISGAH RD

CITY-ST-ZIP

FT MEADE FL 33841

TITLE

STD

NAME

BECKHAM, JANET

STREET ADDRESS

P O BOX 87 N/A

CITY-ST-ZIP

ZOLFO SPRINGS FL 33890

TITLE

VD

NAME

GUDAL, LARS C

STREET ADDRESS

1380 MT PISGAH RD.

CITY-ST-ZIP

FT. MEADE FL 33841

TITLE

D

NAME

PARSLEY, ALICE

STREET ADDRESS

P O BOX 1777 N/A

CITY-ST-ZIP

ARCADIA FL 33821

TITLE

D

NAME

COLE, ED

STREET ADDRESS

RT 1 BOX 273R

CITY-ST-ZIP

WAUCHULA FL 33873

TITLE

D

NAME

BIGGERS, JOY

STREET ADDRESS

3825 JACQUE LEE LANE

CITY-ST-ZIP

LAKELAND FL 33801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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

D

Ronald Gilliard

P. O. Box 806 N/A

Zolfo Springs, FL 33890

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

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 110.07(3)(a), 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:

Janet Beckham, Sec. / Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/95 (813) 767-0870

DATE

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