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Jan 17 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 # N46052 (9)

1. Corporation Name

REJOICE FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

GOULD BUILDING
105 W WISCONSIN AVE. #109
DELAND FL 32720
US

P.O. BOX 9288
GLENWOOD FL 32722
US

MOVED

SAME

2. Principal Place of Business

21 359 DEER MOSS TR.

Suite, Apt. #, etc.

22 City & State

23 DELAND FL.

24 Zip 32721

25 Country POLAND

2a. Mailing Address

26 359 DEER MOSS TR.

Suite, Apt. #, etc.

27 City & State

28 DELAND FL.

29 Zip 32722

30 Country POLAND

3. Date Incorporated or Qualified
11/15/1991

3a. Date of Last Report
01/25/1996

4. FEI Number

95-3010927

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

MENTZER, WALTER J JR
359 DEER MOSS TRAIL
DELAND FL 32724

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

Walter J. Mentzer, WALTER J MENTZER JR. DIRECTOR 1-7-97

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 D
NAME CRAFT, THOMAS
STREET ADDRESS 220 KICKLIGHTER ROAD
CITY-ST-ZIP LAKE HELEN FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME MENTZER, WALTER J JR
STREET ADDRESS 359 DEER MOSS TRAIL
CITY-ST-ZIP DELAND FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME MENTZER, VICTORIA V.
STREET ADDRESS 359 DEER MOSS TRAIL
CITY-ST-ZIP DELAND FL 32724

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME CUTTING, LAWRENCE
STREET ADDRESS P.O. BOX 9288 N/A
CITY-ST-ZIP GLENWOOD FL 32722

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: Walter J. Mentzer, WALTER J. MENTZER JR. 1-7-97 DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077745

CR2E037 (9/96)