


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90008 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46052					
1. Corporation Name REJOICE FELLOWSHIP, INC.					
Principal Place of Business 359 DEER .PSS TR DELAND FL 32724 US			Mailing Address P.O. BOX 9288 GLENWOOD FL 32722 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1701 N. WOODLAND RD.		26 359 DEER MOSS TRAIL		11/15/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22 DELAND FL.		27 DELAND FL.		4. FEI Number	
				95-3010927	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 32724 VOLUSIA		28 32724 Vol.		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 25		29 30			

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 Jr. WALTER J MENTZER JR 1-11-99
Signature, typed or printed name of registered agent and type 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	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAFT, THOMAS			1.2 NAME			
STREET ADDRESS	220 KICKLIGHTER ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE HELEN FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENTZER, WALTER J JR			2.2 NAME			
STREET ADDRESS	359 DEER MOSS TRAIL			2.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENTZER, VICTORIA V.			3.2 NAME			
STREET ADDRESS	359 DEER MOSS TRAIL			3.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32724			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUTTING, LAWRENCE			4.2 NAME			
STREET ADDRESS	P.O. BOX 9288 N/A			4.3 STREET ADDRESS			
CITY-ST-ZIP	GLENWOOD FL 32722			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: Walter J. Mentzer Jr. WALTER J MENTZER JR 1-11-99 734-5823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)