


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46052</b> 1. Entity Name REJOICE FELLOWSHIP, INC.	
--	---

Principal Place of Business 420 E NEW HAMPSHIRE ST DELAND, FL 32724 US	Mailing Address 1081 TOREWOOD DRIVE DELAND, FL 32724 US
--	---



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 95-3010927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MENTZER, WALTER J JR 420 E NEW HAMPSHIRE DELAND, FL 32724
--

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U000000779891

01/11/08-80055-013 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAFT, THOMAS 220 KICKLIGHTER ROAD LAKE HELEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENTZER, WALTER J JR 1081 TORCH WOOD DR DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENTZER, VICTORIA V. 1081 TORCH WOOD DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENTZER, KRISTIN J 1081 TORCHWOOD DR. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Walter J. Mentzer **WALTER J. MENTZER** 1-4-08 386-717-8744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #