

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 17, 2009
Secretary of State

DOCUMENT# N46052

Entity Name: REJOICE FELLOWSHIP, INC.**Current Principal Place of Business:**420 E NEW HAMPSHIRE ST
DELAND, FL 32724 US**New Principal Place of Business:****Current Mailing Address:**1081 TOREWOOD DRIVE
DELAND, FL 32724 US**New Mailing Address:**1081 TORCHWOOD DRIVE
DELAND, FL 32724 US**FEI Number:** 95-3010927**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MENTZER, WALTER J
1081 TORCHWOOD DR.
DELAND, FL 32724 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: CRAFT, THOMAS,
Address: 220 KICKLIGHTER ROAD
City-St-Zip: LAKE HELEN, FL 32724**Title:** D () Delete
Name: MENTZER, WALTER J,
Address: 1081 TORCH WOOD DR
City-St-Zip: DELAND, FL 32724**Title:** D () Delete
Name: MENTZER, VICTORIA V .
Address: 1081 TORCH WOOD DR
City-St-Zip: DELAND, FL 32724**Title:** D () Delete
Name: MENTZER, KRISTIN J
Address: 1081 TORCHWOOD DR.
City-St-Zip: DELAND, FL 32724**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER J. MENTZER

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date