

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48191 (3)

1. Corporation Name

JOY IN THE MORNING MINISTRIES, INC.

Principal Place of Business

Mailing Address

130 KIRKLAND ST.
PALATKA FL 32177
US

120 KIRKLAND ST.
PALATKA FL 32177
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/02/1992** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-3117257** Applied For
Not Applicable

2. Principal Place of Business
21 **107 1/2 N. 2nd St** 2a. Mailing Address
26 **P.O. Box 2543**
Suite, Apt. #, etc.
22 City & State
23 **Palatka FL** 27 City & State
28 **Palatka FL**
24 **32177** 25 **Putnam** 29 **32178** 30 **Putnam**

6. Certificate of Status Desired **\$0.75 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARLOWE, WEBSTER
120 KIRKLAND STREET
PALATKA FL 32177**

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

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	PO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOWE, WEBSTER	1.2 NAME	PO Marlowe
STREET ADDRESS	120 KIRKLAND ST.	1.3 STREET ADDRESS	P.O. Box 2543
CITY - ST - ZIP	PALATKA FL	1.4 CITY - ST - ZIP	Palatka, FL 32178
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOWE, BEVERLY	2.2 NAME	P.O. Box 2543
STREET ADDRESS	120 KIRKLAND ST.	2.3 STREET ADDRESS	P.O. Box 2543
CITY - ST - ZIP	PALATKA FL	2.4 CITY - ST - ZIP	Palatka, FL 32178
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, STEPHANE	3.2 NAME	
STREET ADDRESS	662 SW SUSAN	3.3 STREET ADDRESS	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMONS, SUSAN	4.2 NAME	
STREET ADDRESS	687 YELVENTON ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	E PALATKA FL	4.4 CITY - ST - ZIP	
TITLE		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		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 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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Webster Marlowe Webster Marlowe

4/1/95

325-4756

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #