

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


APPROVED
AND
FILED
5/3/2005-90125-008-\$61.25-\$61.25

05 JUN 10 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

| | | | | | |
|---|-----------------------------------|--|---|---|--|
| DOCUMENT # N48420 | | | |  | |
| 1. Entity Name INCREASING JOY MINISTRIES, INC. | | | | | |
| Principal Place of Business 2515 37TH STREET E PALMETTO FL 34221 US | | | Mailing Address PO BOX 9414 BRADENTON FL 34206 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0327628 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| correct - DESUE, BARBARA R 2515 37TH STREET EAST P.O. Box 1967 PALMETTO FL 34221 2515 37th Street East Bradenton FL 34206 Palmetto FL 34221 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DESUE, WILLIAM B | | NAME | | |
| STREET ADDRESS | 6152 9TH AVE. CIR. N.E. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL 34202 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DESUE, BARBARA R | | NAME | | |
| STREET ADDRESS | 6152 9TH AVE. CIR N.E. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL 34202 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ANDERSON, SANDRA | | NAME | | |
| STREET ADDRESS | 1605 9TH AVENUE EAST | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL 34208 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. 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 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: <i>Barbara R. DeSue</i> | | SIGNATURE: <i>Barbara R. DeSue</i> | | Date: <i>4/21/05</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

CK# 3625 4/22/05