

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 1:51

DOCUMENT # N93000000274 (1)

1. Corporation Name

**THE JOY OF THE LORD IS MY STRENGTH FELLOWSHIP, I
NC.**

Principal Place of Business

Mailing Address

**19445 NW 19 CT
MIAMI FL 33056**

**19445 NW 19 CT
MIAMI FL 33056**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1993

3a. Date of Last Report

09/13/1994

4. FEI Number **63-0418843**

APPLIED FOR

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 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

**TAYLOR, MICHAEL
14837 NW 7TH AVE
MIAMI FL 33168**

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PDS
NAME EDNA BRYAN
STREET ADDRESS 19445 NW 19TH CT
CITY - ST - ZIP MIAMI FL 33056**

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE VPD
NAME CHRISTINE SULLIVAN
STREET ADDRESS 19051 NE 2ND AVE
CITY - ST - ZIP MIAMI FL 33179**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE CD
NAME SHEILA PRICE
STREET ADDRESS 3238 S. EASLE RIDGE WAY
CITY - ST - ZIP HOUSTON TX 77084**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

☒ Change ☐ Addition

**CD
SHEILA PRICE
3238 EASLE RIDGE WAY
HOUSTON TX 77084**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

☐ Change ☐ Addition

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)(b), 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.

SIGNATURE:

EDNA E BRYAN

4/4/95 (305) 625 8483