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May 20 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000000274 (1)

1. Corporation Name

THE JOY OF THE LORD IS MY STRENGTH FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

19445 NW 19 CT
MIAMI FL 33056

19445 NW 19 CT
MIAMI FL 33056-2828

3. Date Incorporated or Qualified
01/22/1993

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 MIRAMAR EXE Center

26 Suite, Apt. #, etc.

22 3600 S State Rd (44) Suite 205

27 Suite, Apt. #, etc.

23 MIRAMAR Florida

28 City & State

24 33023

29 Zip

25 Country

30 Country

4. FEI Number
65-0418843

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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
720 NW 148 STREET
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 617.0502 and 617.1508, 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 617.0503, 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 PDS ☐ DELETE
NAME EDNA BRYAN
STREET ADDRESS 19445 NW 19TH CT
CITY-ST-ZIP MIAMI FL 33056

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME REV. EDNA BRYAN
1.3 STREET ADDRESS 19445 N.W. 19 CT
1.4 CITY-ST-ZIP MIAMI FL 33056

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

2.1 TITLE VPD ☐ Change ☒ Addition
2.2 NAME JOYCE DAVIS
2.3 STREET ADDRESS 1135 NW 108 ST
2.4 CITY-ST-ZIP MIAMI FL 33168

TITLE CD ☐ DELETE
NAME PRICE, SHEILA
STREET ADDRESS 3238 S. EAGLE RIDGE WAY
CITY-ST-ZIP HOUSTON TX

3.1 TITLE TR ☒ Change ☐ Addition
3.2 NAME PRICE, SHEILA
3.3 STREET ADDRESS 3238 S. Eagle Ridge Way
3.4 CITY-ST-ZIP Houston TX 77084

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Valerie March
4.3 STREET ADDRESS 6361 S.W. 35 ST
4.4 CITY-ST-ZIP MIAMI FL 33023

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE MD ☐ Change ☒ Addition
5.2 NAME Natalie Green
5.3 STREET ADDRESS 3011 N.W. 175 ST
5.4 CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE C ☐ Change ☒ Addition
6.2 NAME DR GAIL BROWN
6.3 STREET ADDRESS 1915 N.W. 171 ST
6.4 CITY-ST-ZIP MIAMI FL 33056

14. I do 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 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.

CR2E037 (9/96)