

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000274 (1)**

1. Corporation Name

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



Principal Place of Business <b>MIRAMAR EXE CENTER 3600 S STATE RD 441 SUITE 205 MIRAMAR FL 33023 US</b>	Mailing Address <b>19445 NW 19 CT MIAMI FL 33056</b>
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3. Date Incorporated or Qualified <b>01/22/1993</b>
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4. FEI Number <b>65-0418843</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>

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 <b>TAYLOR, MICHAEL</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>20401 NW 2ND AVE. SUITE # 203</b>
83. City <b>MIAMI</b>
84. State <b>FL</b>
85. Zip Code <b>33169</b>

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 *Michael Taylor*

**4/13/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PD REV EDNA BRYAN 19445 NW 19TH CT MIAMI FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VPT DAVIS, JOYCE 1135 NW 108TH ST MIAMI FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>TR PRICE, SHEILA 3238 S. EASLE RIDGE WAY HOUSTON TX</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>S MARCH, VALERIE 6361 SW 35TH ST MIAMI FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MD GREEN, NATALIE 3011 NW 175TH ST MIAMI FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>C BROWN, DR GAIL 1915 NW 171ST ST MIAMI FL</b>	<input checked="" type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**TR  
YVONNE HADLEY  
1021 N.E. 21ST  
MIAMI FL 33179**

**S  
RUTH ESPEJO  
753 N.E. 121 ST  
MIAMI FL 33161**

**MD  
Rev. BARBARA BOYCE  
2624 AICAZAR DR  
MIRAMAR FL 33023**

**C  
Rev. Lydia THOMPSON  
1230 NW 9 AVE  
MIAMI FL 33136**

14. 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 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 Bryan* **EDNA BRYAN PD. 4/14/98 305 6258483**

CR2E037 (10/97)