

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90150 008 ****61.25

DOCUMENT # N93000000274

1. Corporation Name

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

Principal Place of Business

MIRAMAR EXE CENTER
3600 S STATE RD 441 SUITE 205
MIRAMAR FL 33023
US

Mailing Address

19445 NW 19 CT
MIAMI FL 33056



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite/Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/22/1993

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

9. Name and Address of Current Registered Agent

TAYLOR, MICHAEL
20401 NW 2ND AVE
STE 203
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name REV. EDNA BRYAN PD
82 Street Address (P.O. Box Number is Not Acceptable)
19445 NW 19 CT
83
84 City Miami FL 85 Zip Code 33056

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 EDNA BRYAN PD.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME REV EDNA BRYAN
STREET ADDRESS 19445 NW 19TH CT
CITY-ST-ZIP MIAMI FL

TITLE VPT ☐ DELETE

NAME DAVIS, JOYCE
STREET ADDRESS 1135 NW 108TH ST
CITY-ST-ZIP MIAMI FL

TITLE TR ☐ DELETE

NAME PRICE, SHEILA
STREET ADDRESS 3238 S. EASLE RIDGE WAY
CITY-ST-ZIP HOUSTON TX

TITLE TR ☐ DELETE

NAME HADLEY, YVONE
STREET ADDRESS 1021 NE 211 ST
CITY-ST-ZIP MIAMI FL 33179

TITLE S ☐ DELETE

NAME ESPEJO, RUTH
STREET ADDRESS 753 NE 121 ST
CITY-ST-ZIP MIAMI FL 33161

TITLE C ☐ DELETE

NAME THOMPSON, LYDIA
STREET ADDRESS 1230 NW 9 AVE
CITY-ST-ZIP MIAMI FL 33136

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

miami: 7133056

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

miami: 7133168

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Houston Tex 77084

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

MD. DAISY Joseph
19100 NW 9 AVE
Miami: 7133169

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED EDNA E BRYAN 4/10/99 305 6258483

Date

Daytime Phone #

CR2E037 (11/98)

0025651