

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000274

1. Entity Name

THE JOY OF THE LORD IS MY STRENGTH FELLOWSHIP, I

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90100 036 ****61.25

Principal Place of Business Mailing Address
%MIRAMAR EXE CENTER 19445 NW 19 CT
3600 S STATE RD 441 SUITE 205 MIAMI FL 33056-2828
MIRAMAR FL 33023
US

2. Principal Place of Business 19445 NW 19 CT
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Miami, FL

City & State

4. FEI Number 65-0418843
Applied For
Not Applicable

Zip 33056 Country DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRYAN, REV EDNA PD
19445 NW 19 CT
MIAMI FL 33056

7. Name and Address of New Registered Agent
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	REV EDNA BRYAN	
STREET ADDRESS	19445 NW 19TH CT	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DAVIS, JOYCE	
STREET ADDRESS	1135 NW 108TH ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	TR	<input type="checkbox"/> Delete
NAME	PRICE, SHEILA	
STREET ADDRESS	3238 S. EASLE RIDGE WAY	
CITY-ST-ZIP	HOUSTON TX 77084	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	HADLEY, YVONE	
STREET ADDRESS	1021 NE 211 ST	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	ESPEJO, RUTH	
STREET ADDRESS	753 NE 121 ST	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, LYDIA	
STREET ADDRESS	1230 NW 9 AVE	
CITY-ST-ZIP	MIAMI FL 33136	

TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADLEY YVonne	
STREET ADDRESS	1021 NE 211 ST	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	V.P.T. and Tres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS Joyce	
STREET ADDRESS	1135 N.W. 108TH ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	Gaisy Joseph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	19100 N.W. 9 AVE	
STREET ADDRESS	MIAMI FL 33169	
CITY-ST-ZIP		
TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES Donna	
STREET ADDRESS	1170 N.E. 191 ST Apt 26	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIQUE MYRTIS REV.	
STREET ADDRESS	4525 N.W. 95 AVE	
CITY-ST-ZIP	MIAMI 33165	
TITLE	DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON Nathaniel Rev.	
STREET ADDRESS	17630 S.W. 32 ST	
CITY-ST-ZIP	MIRAMAR FL 33029	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)