

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90300 003 ****61.25

DOCUMENT # N93000000274

1. Entity Name

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

Principal Place of Business

Mailing Address

**19445 N. W. 19 CT
 MIAMI FL 33056
 US**

**19445 NW 19 CT
 MIAMI FL 33056**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0418843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRYAN, REV EDNA PD
 19445 NW 19 CT
 MIAMI FL 33056**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **REV EDNA BRYAN**
 CITY-ST-ZIP **19445 NW 19TH CT
 MIAMI FL 33056**

TITLE ☐ Change ☒ Addition
 NAME **Donna Jones**
 STREET ADDRESS **1170 NE 191ST APT 26**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Delete
 NAME **VPT**
 STREET ADDRESS **DAVIS, JOYCE**
 CITY-ST-ZIP **1135 NW 108TH ST
 MIAMI FL 33168**

TITLE ☐ Change ☒ Addition
 NAME **M DAISSY JOSEPH**
 STREET ADDRESS **19100 NW 9TH AVE**
 CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PATTERSON, NATHANIEL**
 CITY-ST-ZIP **17630 SW 32 ST
 MIRAMAR FL 33029**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **ESPEJO, RUTH**
 CITY-ST-ZIP **753 NE 121 ST
 MIAMI FL 33161**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BLIQUE, MYRTIS REV**
 CITY-ST-ZIP **4525 N. W. 95 AVE
 MIAMI FL 33165**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

EDNA BRYAN

4/19/02 3056246846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)