

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000274

FILED
Apr 24, 2006
Secretary of State

Entity Name: THE JOY OF THE LORD IS MY STRENGTH FELLOWSHIP, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

19445 NW 19 CT
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-0418843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYAN, EDNA E REV
19445 NW 19 CT
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRYAN, EDNA E REV
Address: 19445 NW 19TH CT
City-St-Zip: MIAMI, FL 33056

Title: VPT () Delete
Name: DAVIS, JOYCE PASTOR
Address: 1135 NW 108TH ST
City-St-Zip: MIAMI, FL 33168

Title: TR () Delete
Name: PRICE, SHEILA
Address: 3238 S. EAGLE RIDGE WAY
City-St-Zip: HOUSTON, TX 77084

Title: D () Delete
Name: CLAYTON, FRANK
Address: 18800 NW 2ND AVE SUITE 114-116
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: SANDS, SURATTE
Address: 9441 SW 20 ST
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: OLIQUE, MYRTIS REV
Address: 4525 N. W. 95 AVE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CLAYTON, FRANK
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDNA E BRYAN

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date