

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000274

FILED
Feb 14, 2009
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: JEAN, CALEB
Address: 17325 NW 27TH AVE. #211
City-St-Zip: MIAMI, FL 33056

Title: S () Delete
Name: JEAN, DANIELLE
Address: 17325 NW 27TH AVE. #211
City-St-Zip: MIAMI, FL 33056

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: () 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 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 BRYAN

D

02/14/2009

Electronic Signature of Signing Officer or Director

Date