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Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of/State
DIVISION OF COMPORATIONS

1997

Principal Place of Business

DOCUMENT # N9400000922 (4)

FIELD OF JOY MINISTRIES, INC.

Suite, Apt 4, etc. Suite, Apt 4, etc. Suite, A	P.O. BOX 276 MACCLENNY FL	L 32063	P.O. BOX 276 MACCLENNY FL 32063-0276										
Suite, Apt #, etc							3. Date Incorporated or Qualified 02/23/1994 0				of Last Report 1/31/1996		
Sulle, Apt. 4, etc. Sulle, Apt. 4, etc.	2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address						Applied For			
Suite, Apt 4, etc. Suite, Apt 4, etc. Suite, A	21		26	28			59-3217140			Not Applicable			
22 25 29 30 100	Suite, Apt	#, etc.	_ ├ '	⊢ '''			5. Certificate of Status Desired		4 -				
Zip Country 2/p Country 2/p Country 2/p Country 8 Thompsible tax under s. 199.032, 2	City & State	е	— ·	<u> </u>			, o o pm, quito inc) po						
COOP, EDWARD M 471 JONATHAN ST. MACCLENNY FL 32063 B1	Zip 24	_ Zip Country _ Zip Co					or The corporation has habitly to sharing the tax chool at 150.052,						
COOP, EDWARD M 471 JONATHAN ST. MACCLENNY FL 32063 B2 Street Address (P.O. Box Number is Not Acceptable) B3 Oity FL 85 Zip Code B4 Oity FL 85 Zip Code B4 Oity FL 85 Zip Code B5 Zip Code B6 Oity FL 85 Zip Code B7 Diptore or registered agent, or both, in the State of Fiorida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent an familiar with, and sceep the obligations of, Section 617 0503, Fiorida Statutes. B6 Oity FL 85 Zip Code B7 Diptor or registered agent, or both, in the State of Fiorida. Statutes, the above-named corporations submits this statement for the purpose of changing its registered signer and interesting by the corporation's board of directors. I hereby accept the appointment as registered signer and interesting by the corporation's board of directors. I hereby accept the appointment as registered signer and interesting by the corporation's board of directors. I hereby accept the appointment as registered signer and interesting by the corporation's board of directors. I hereby accept the appointment as registered signer and interesting by the corporation's board of directors. I hereby accept the appointment as registered signer and interesting by the corporation's board of directors. I hereby accept the appointment as registered signer and interesting by the corporation's board of directors. I hereby accept the appointment as registered agent and interesting by the corporation's board of directors. I hereby accept the appointment as registered agent and interesting by the corporation's board of directors. I hereby accept the appointment as registered agent and interesting by the corporation's board of directors. I hereby accept the appointment as registered agent and interesting by the corporation's board of directors. I hereby accept the appointment as registered agent and interesting by the corporation's board of directors. I hereby accept the appointment as registered agent and interesting by the corporation's board of director		9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	glatered A	gent				
### A71 JONATHAN ST. MACCLENNY FL 32063 ### B8				81	Ni	ame							
MACCIENNY FL 32063 B4 City FL 85 Zip Code					St	reet Addre	Address (P.O. Box Number is Not Acceptable)						
Part				63					-				
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent a mainlain with, and accept the obligations of, Section 617 0503, Florida Statutes. Signature International Provisions International Provi				84	Ci	ty		C 1	85	Zip	Code		
SIGNATURE Signature, hand accept the colligations of, section 617.0503, Florida Statutes.	11. Pursuant t	to the provisions of Sections 617.0	1502 and 617 1508. Florida Stat	utes the show	na	med coroc	ration submits this statement for the s		chan	aina i	e registered		
SIGNATURE Signature, typed or protect name of registered agent and 16 of applicable (NOTE Registered Agent algorithm required when infinitishing) DATE	office or re	egistered agent, or both, in the St	ate of Florida. Such change wa	s authorized by	the	corporation	on's board of directors. I hereby accep	ot the appo	ointme	ent as	registered		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	-	m familiar with, and accept the ob	ingations of, section 617,0505,	FIORGA STATUTES	S .								
TITLE	SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable (N	OTE: Registered Age	nt sig	nature require	d when reinstating)	DATE					
NAME COOP, EDWARD M P.O. BOX 565 N/A 13 STREET ADDRESS 1.4 CITY-ST-ZP MACCLENNY FL 32083 1.5 TITLE Change Addition Addi	12.			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTÖF	RS IN 12		
STREET ADDRESS	TITLE		DELETE	1.1 TITLE		į				nange	Addition		
Addition	NAME			1.2 NAME									
TITLE	STREET ADDRESS			1.3 STREET	ADDI	ress							
NAME COOP, ROSEMARY C P.O. BOX 585 N/A 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP MACCLENNY FL 32083 2.4 CITY-ST-ZIP		<u></u> -			T-ZIF	<u>'</u>							
STREET ADDRESS P.O. BOX 585 N/A 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		0.0	L DELETE	2.1 TITLE				i		iange	Addition		
City-St-ZiP				2.2 NAME									
TITLE D DELETE 3.1 TITLE D DELETE Addition								• /					
NAME VAN WAGNER, RICK STREET ADDRESS P.O. BOX 121143 N/A CLEARMONT FL 34712 3.4 CITY-ST-ZIP DELETE Addition	-		No. car		ST-ZII	2							
NAME	* *	•	DELETE			P	UNDER CATULE		en Ci	iange	Addition		
NAME						Q#	WUKON, LHIMY 3.						
NAME						ESS 60	5 W. HOWARD DRI	_					
NAME		CLEARMONT FL 34/12	DC) EVE		ST-211	BR	VASWICK, GA 31520	2	— <u> </u>				
STREET ADDRESS			T DETELE						LLI U	ange	L.J Addition		
A4 CITY-ST-ZIP													
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STREET ADDRESS 6.3 STREET ADDRESS					ADD	, ECC							

14. I do 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

SIGNATURE

appears in Block 12 or Bloc

02/02/97 904-259-5683

FILED

Feb 07 1997 8:00am

Secretary of State