

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000922 (4)

1. Corporation Name

FIELD OF JOY MINISTRIES, INC.



Principal Place of Business C/O EDWARD M. COOP P.O. BOX 6160 FERNANDINA BEACH FL 32035		Mailing Address C/O EDWARD M. COOP P.O. BOX 6160 FERNANDINA BEACH FL 32035		3. Date Incorporated or Qualified 02/23/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3217140	
21. Suite, Apt. #, etc. 631 TARPON AVE #6324		26. Suite, Apt. #, etc. 631 TARPON AVE #6324		Applied For Not Applicable	
22. City & State FERNANDINA BEACH, FL		27. City & State FERNANDINA BEACH, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 32034		28. Zip 32034		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country USA		29. Country USA		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COOP, EDWARD M 471 JONATHAN ST. MACCLENNY FL 32063		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable) 631 TARPON AVE #6324	
		83.	
		84. City FERNANDINA BEACH, FL	
		85. Zip Code 32034	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOP, EDWARD M	1.2 NAME	
STREET ADDRESS	P.O. BOX 565 N/A	1.3 STREET ADDRESS	631 TARPON AVE. #6324
CITY - ST - ZIP	MACCLENNY FL 32063	1.4 CITY - ST - ZIP	FERNANDINA BEACH, FL 32034
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOP, ROSEMARY C	2.2 NAME	
STREET ADDRESS	P.O. BOX 565 N/A	2.3 STREET ADDRESS	631 TARPON AVE #6324
CITY - ST - ZIP	MACCLENNY FL 32063	2.4 CITY - ST - ZIP	FERNANDINA BEACH, FL 32034
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENDRON, CATHY S.	3.2 NAME	COOP, CATHY S.
STREET ADDRESS	605 WEST HOWARD DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRUNSWICK GA	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Edward M. Coop** **EDWARD M. COOP** **4-14-98** **904 277-2453**

CR2E037 (10/97)