FILED

Feb 20, 1999 8:00 am Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9400000922 1. Corporation Name

FIELD OF JOY MINISTRIES, INC.						 -		_
Principal Place of Business 631 TARPON AVE #6324 FERNANDINA BEACH FL 32034 US Mailing Address 631 TARPON AVE #6324 FERNANDINA BEACH FL 32034 US								
2. Principal P	Place of Business	2a. Mailing Address			3. Date incorporated or Quali 02/23/1994	fed		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-3217140	59-3217140 Not Applicable		
City & State		City & State		5. Certifcate of Status Desired	Fee Required			
Zip 24			Cour 30	itry	Trust Fund Contribution	Trust Fund Contribution A		May Be o Fees
	9. Name and Address of Current	Registered Agent		04 11	10. Name and Address of Ne	w Registered	Agent	
				81 Name				
COOP, EDWARD M			Ī	82 Street A	Address (P.O. Box Number is Not Acc	eptable)		
631 TARPON AVE			-	83		·		
#6324				03				
FERNANDINA BCH FL 32034				84 City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 617.0502	and 617 1508 Florida Statute	s. the ab	ove-named o	corporation submits this statement for	the numose o	f changing its	registered
office or r	registered agent, or both, in the State o	f Florida. Such change was au	ıthorized	by the corpo	ration's board of directors. I hereby ac	cept the appo	intment as reg	jistered
•	in lamiliai with, and accept the congati	ons or, Section on 2000, Flor	ioa Siatu	.65.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITL	.E			Change	☐ Addition
NAME	COOP, EDWARD M		1.2 NAM	AE .				
STREET ADDRESS	631 TARPON AVE, #6324		1.3 STF	EET ADDRESS		•		
CITY-ST-ZIP	FERNANDINA BCH FL 32034		1.4 CIT	Y-ST-ZIP				
TITLE	STD	☐ DELETE	2.1 TITL	£			☐ Change	☐ Addition
NAME	COOP, ROSEMARY C		2.2 NAM	AE				
STREET ADORESS	631 TARPON AVE, #6324		2.3 STR	EET ADDRESS				*
CITY-ST-ZIP	FERNANDINA BCH FL 32034		2. 4 CIT	Y-ST-ZIP			1	
TITLE	D	☐ OELETE	3.1 TITL	E			☐ Change	☐ Addition
NAME	COOP, CATHY S		3.2 NAM	Æ		5	1.9	
STREET ADDRESS	605 WEST HOWARD DRIVE		3.3 STR	EET ADDRESS		` ;=		
CITY-ST-ZIP	BRUNSWICK GA		3.4. CIT	Y-ST-ZIP		٧.	·	
TITLE		☐ DELETE	4.1 TITL	E			☐ Change	☐ Addition
NAME			4, 2 NA	ME				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y+\$T+ZIP	•			
TITLE		☐ DELETE	5.1 T/TI	E	_		☐ Change	☐ Addition
NAME		•	5.2 NAA	AE				
STREET ADDRESS			5.3 STR	EET ADDRESS	• •			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	E			☐ Change	. Addition
NAME			6.2 NAA	Æ .			-	}

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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP