2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000922

Entity Name: FIELD OF JOY MINISTRIES, INC.

FILED Apr 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

631 TARPON AVE. 750 GROVE PARK CIRCLE

#6324 N/A

FERNANDINA BEACH, FL 320342103 US FERNANDINA BEACH, FL 32034 US

Current Mailing Address: New Mailing Address:

631 TARPON AVE. 750 GROVE PARK CIRCLE

#6324 N/A

FERNANDINA BEACH, FL 320342103 US FERNANDINA BEACH, FL 32034 US

FEI Number: 59-3217140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COOP, EDWARD M
631 TARPON AVE
750 GROVE PARK CIRCLE

#6324 N/A

FERNANDINA BCH, FL 32034 US FERNANDINA BCH, FL 32034 US

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: EDWARD M. COOP 04/05/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: COOP, EDWARD M Name: COOP, EDWARD M
Address: 631 TARPON AVE, #6324 Address: 750 GROVE PRK CIRCLE

City-St-Zip: FERNANDINA BCH, FL 32034 City-St-Zip: FERNANDINA BCH, FL 32034

Title: STD () Delete Title: STD (X) Change () Addition
Name: COOP, ROSEMARY C Name: COOP, ROSEMARY C
Address: 631 TARPON AVE. #6324 Address: 750 GROVE PARK CIRCLE

Address: 631 TARPON AVE, #6324 Address: 750 GROVE PARK CIRCLE
City-St-Zip: FERNANDINA BCH, FL 32034 City-St-Zip: FERNANDINA BCH, FL 32034

Title: D () Delete Title: () Change () Addition

 Name:
 COOP, CATHY S
 Name:

 Address:
 40 COLONIAL DRIVE
 Address:

 City-St-Zip:
 BARNWELL, SC 29812
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD M. COOP PD 04/05/2004