

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000922

FILED
Apr 15, 2009
Secretary of State

Entity Name: FIELD OF JOY MINISTRIES, INC.

Current Principal Place of Business:

750 GROVE PARK CIRCLE
N/A
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

750 GROVE PARK CIRCLE
N/A
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

COOP, EDWARD M
750 GROVE PARK CIRCLE
N/A
FERNANDINA BCH, FL 32034 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: COOP, EDWARD M
Address: 750 GROVE PRK CIRCLE
City-St-Zip: FERNANDINA BCH, FL 32034

Title: SD () Delete
Name: COOP, ROSEMARY C
Address: 750 GROVE PARK CIRCLE
City-St-Zip: FERNANDINA BCH, FL 32034

Title: D () Delete
Name: DADDARIO, JOSEPH E
Address: 925 TARPON AVE.
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHANCEY, JACKSON B
Address: 2585 PIRATES BAY DRIVE
City-St-Zip: FERNANDINA BCH, FL 32034

Title: D (X) Change () Addition
Name: GREEN, GERARD L
Address: 6415 TABLEWOOD DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32244

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: EDWARD M. COOP

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date