

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003828 (0)

1. Corporation Name

JOY FELLOWSHIP, INC.



Principal Place of Business

**3407 HILLGROVE RD.
VALRICO FL 33594**

Mailing Address

**3407 HILLGROVE RD.
VALRICO FL 33594**

3. Date Incorporated or Qualified
08/02/1994

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

21 205 B Moon Ave. S.

2a. Mailing Address

26 P.O. Box 2345

4. FEI Number

59-3257951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

22 Suite, Apt. #, etc.

Suite B

27 Suite, Apt. #, etc.

23 City & State

Brandon FL

28 City & State

Brandon, FL.

24 Zip

33511

Country

Hillsborough

29 Zip

33509

Country

Hillsborough

9. Name and Address of Current Registered Agent

**O'NEAL, JAY
3407 HILLGROVE ROAD
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **O'NEAL, JAY**
STREET ADDRESS **3407 HILLGROVE RD.**
CITY - ST - ZIP **VALRICO FL 33594**

TITLE **DV** ☒ DELETE
NAME **O'NEAL, EMILY**
STREET ADDRESS **3407 HILLGROVE RD.**
CITY - ST - ZIP **VALRICO FL 33594**

TITLE **DST** ☒ DELETE
NAME **UWAINE, ANNE**
STREET ADDRESS **3407 HILLGROVE RD.**
CITY - ST - ZIP **VALRICO FL 33594**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE **DV** ☐ Change ☐ Addition
22 NAME **John Glorioso**
23 STREET ADDRESS **922 Benninger Dr.**
24 CITY - ST - ZIP **Brandon, FL 33510**

31 TITLE **DST** ☐ Change ☐ Addition
32 NAME **Emily O'neal**
33 STREET ADDRESS **3407 Hillgrove Rd**
34 CITY - ST - ZIP **Valrico, FL 33594**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emily O'Neal
Emily O'Neal

1-25-96 813-651-4473

Date

Daytime Phone

CP2E037 (12/95)