

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90158 030 ****61.25

DOCUMENT # N94000003828

1. Entity Name

JOY FELLOWSHIP, INC.



Principal Place of Business

**11505 COLONY HILL RD.
SEFFNER FL 33584
US**

Mailing Address

**11505 COLONY HILL RD.
SEFFNER FL 33584
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3257951**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NEAL, JAY

**~~3407 HILLGROVE ROAD
VALRICO FL 33594~~**

Name

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

6324 Flamingo Drive

City

Apollo Beach

FL

Zip Code

33572

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-3-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DP** ☒ Change ☐ Addition
NAME **O'NEAL, JAY**
STREET ADDRESS **6324 Flamingo Drive**
CITY-ST-ZIP **Apollo Beach, FL 33572**

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

TITLE **DV** ☐ Change ☒ Addition
NAME **David Buttieries, David**
STREET ADDRESS **1318 Silliman Lane**
CITY-ST-ZIP **Seffner FL 33584**

TITLE **DST** ☐ Delete
NAME **LEAVITT, STEVEN**
STREET ADDRESS **4011 EASTRIDGE DR.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **O'NEAL, TIM**
STREET ADDRESS **11113 CHERRY WOOD LANE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ASBURY, GARY**
STREET ADDRESS **6203 CANNOLI PLACE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *[Signature]* **Leavitt**

Secretary/Treasurer **05/03/03** **893-4165**

CR2E037 (10/02)