

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005050

FILED  
Apr 12, 2010  
Secretary of State

Entity Name: JOYLAND INTERNATIONAL MISSION INC.

**Current Principal Place of Business:**

3769 CYPRESS LAKE DR.  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 541059  
LAKE WORTH, FL 33454

**New Mailing Address:**

FEI Number: 65-0536187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OKUNYADE, ADETUNJI  
3769 CYPRESS LAKE DR.  
LAKE WORTH, FL 33467 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: D  
Name: OKUNYADE, ADETUNJI  
Address: 3769 CYPRESS LAKE DR.  
City-St-Zip: LAKE WORTH, FL 33467

Title: D  
Name: OKUNYADE, ALTHEA L  
Address: % 3769 CYPRESS LAKE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: D  
Name: OKUNYADE, ADEBISI D  
Address: 3406 SPRUCE ROAD  
City-St-Zip: HOLLY WOOD, FL 33021

Title: D  
Name: FAWEHINMI, HAFI D.O  
Address: % 3769 CYPRESS LAKE DRIVE  
City-St-Zip: LAKE WORTH, FL 334467

Title: D  
Name: ONI, TUNDE  
Address: 3769 CYPRESS LAKE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: ADETUNJI OKUNYADE

D

04/12/2010

Electronic Signature of Signing Officer or Director

Date