FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 N9400006202 (5) DOCUMENT #

JOYFUL NOISE HOLINESS TABERNACLE OF JESUS CHRIST

Principal Place of Business	Mailing Address	
103 W COLUMBUS DRIVE TAMPA FL 33602	1608 E 29TH AVE TAMPA FL 33605-1124 US	

FILED Apr 16 1997 8:00am Secretary of State



INCO	RPORATED									
Principal Place of Business Mailing Address										
		TAMPA FL 33605-1124	24							
		US				3. Date incorporated or Qualified 12/20/1994		te of Last 04/15/19		
2. Principal I	Place of Business	2a. Mailing Address			·	4. FEI Number	 .	P	oplied For	
21		26				59-3298239			lot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zφ	Country	Zip	Coi	intry		8. This corporation has liability for			s. 199.032,	
24	25	29	30				Yes [
<u> </u>	9. Name and Address of Curre	ent Registered Agent		641	6.1	10. Name and Address of New Re	gistered A	gent		
				81	Name					
WILLIAMS, CURTIS G SR 103 W COLUMBUS DRIVE			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)				
TAMPA	FL 33602			83		-				
;				84	City		FL	85 Zip	Code	
11. Pursuan	t to the provisions of Sections 617.05	502 and 617.1508, Florida Stat	utes, the a	bove	-named corp	oration submits this statement for the p		changing	its registered	
office or	registered agent, or both, in the Star am familiar with, and accept the obli	te of Florida. Such change was gations of, Section 617,0503. I	s authorize Florida Stat	d by tutes	the corporati	oration submits this statement for the pion's board of directors. I hereby acception's	ot the appo	ointment a	s registered	
SIGNATURE		g								
	Signature, typed or printed name of registered a			d Age	nt signature requir	ed when reinstating)	DATE			
12.	, age and the second se	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PTD WILLIAMS CHIDTIS C SB	☐ DELETE	1.1 10					Change	: L Addition	
NAME CYCLE ADDRESS	WILLIAMS, CURTIS G SR 206 W WARREN ST		1.2 N		ADDRESS					
STREET ADDRESS	TAMPA FL		1					•		
CITY-ST-ZIP TITLE	VD VD	DELETE	2.1 TI	ITY-S	1.712			Change	Addition	
NAME	WILLIAMS, DERRICK E SR		2.2 N					time or mingo		
STREET ADDRESS	AAAA P BALLEAU AT				ADDRESS					
CITY - ST - ZIP	TAMPA FL			CITY-S						
TITLE	TD	DELETE	3.1 7		··			Change	Addition	
NAME	WILLIAMS, ERIC R SR		3.2 N					-		
STREET ADDRESS	4444 5 4051 4155		335	TREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL		3.4. 0	ity-s	IT-ZIP					
TITLE	SD	DELETE	4.1 T)	ITLE				☐ Change	Addition	
NAME	WILLIAMS, CHARLENE		4.21	NAME	}					
STREET ADDRESS			4.3 8	TREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL		4.4 C	ITY-S	T-ZIP					
TITLE	D	DELETE	5.1 T	ITLE				Change	Addition	
NAME	WILLIAMS, LENORA		5.2 N	AME						
STREET ADDRESS			5.3 \$	TREET	ADORESS					
CITY-ST-ZIP	TAMPA FL		5.4 C	ITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 Ti	ITLE				Change	Addition	
NAME			6.2 N	AME						
STREET ADDRESS	; 		6.3 \$	TREET	ADDRESS					
CITY-ST-ZIP			6.40	ITY-S	T- ZIP					

14. I do 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 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.