## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400006202 (5)

## JOYFUL NOISE HOLINESS TABERNACLE OF JESUS CHRIST INCORPORATED

Principal Place of Business Mailing Address 103 W COLUMBUS DRIVE 1608 E 29TH AVE 3. Date Incorporated or Qualified **TAMPA FL 33602** TAMPA FL 33605 12/20/1994 US FEI Number Applied For 59-3298239 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? No No 23 28 ☐ Yes Zip Country Country 8. This corporation owes or has paid the current year Intardible Personal Property Tax due June 30. 30 Personal Property Tax due June 30. ☐ Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILLIAMS, CURTIS G SR Street Address (P.O. Box Number is Not Acceptable) 103 W COLUMBUS DRIVE 83 TAMPA FL 33602 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 life if applicable (NOTE: Registered Agent signature required when reinstating) 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE Change Addition 1.1 TITLE WILLIAMS, CURTIS G SR NAME 12 NAME 206 W WARREN ST STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WILLIAMS, DERRICK E SR NAME 2.2 NAME 2602 E PALIFOX ST STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3,1 TITLE WILLIAMS, ERIC R SR NAME 3.2 NAME 1608 E 29TH AVE STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 3.4. CITY-ST-ZIP ... DELETE Change Addition TITLE 4.1 TITLE WILLIAMS, CHARLENE 4.2 NAME NAME 206 W WARREN ST 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition WILLIAMS, LENORA NAME 5.2 NAME 2602 E PALIFOX ST STREET ADDRESS 5.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6,3 STREET ADDRESS

6,4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.