

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006202

FILED
Mar 21, 2009
Secretary of State

Entity Name: JOYFUL NOISE HOLINESS TABERNACLE OF JESUS CHRIST INCORPORATED

Current Principal Place of Business:

103 W COLUMBUS DRIVE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

2602 E. PALIFOX ST
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 59-3298239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CURTIS G SR
103 W COLUMBUS DRIVE
TAMPA, FL 33602 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: PTD () Delete
Name: WILLIAMS, CURTIS G PASTOR
Address: 206 W WARREN ST
City-St-Zip: TAMPA, FL 33602 US

Title: VTD () Delete
Name: WILLIAMS, DERRICK E ELDER
Address: 2602 E PALIFOX ST
City-St-Zip: TAMPA, FL 33610 US

Title: D () Delete
Name: PURSLEY, MARCO L MIN.
Address: 3004 E. CURTIS ST.
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: GOODSON, LATRELL MISS.
Address: 3602 N. 21ST ST. UNIT-B
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: WILLIAMS, LENORA MOTHER
Address: 2602 E PALIFOX ST
City-St-Zip: TAMPA, FL 336106249

Title: MGRD () Delete
Name: WILLIAMS, ALGRADY MNSTR
Address: 5611 E CHELSEA STREET
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DERRICK E. WILLIAMS

VTD

03/21/2009

Electronic Signature of Signing Officer or Director

Date