

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006202

1. Entity Name

JOYFUL NOISE HOLINESS TABERNACLE OF JESUS CHRIST
INCORPORATED



Principal Place of Business

103 W COLUMBUS DRIVE
TAMPA FL 33602

Mailing Address

2602 E. PALFOX ST
TAMPA FL 33610
US

2. Principal Place of Business

3. Mailing Address

55055182



☒ CHECK HERE IF MAKING CHANGES

59-3298239

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

WILLIAMS, CURTIS G SR
103 W COLUMBUS DRIVE
TAMPA FL 33602

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

FILE NOW: FEE IS \$81.25
After September 10, 2003, min will be \$238.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMS, CURTIS G SR 209 W WARREN ST TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WILLIAMS, DERRICK E SR 2602 E PALFOX ST TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURSLEY, MARCO L MIN. 508 E VIRGINIA AVENUE TAMPA FL 33602	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODSON, LATRELL MISS. 3810 SUGAR CREEK DRIVE TAMPA FL 33619	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LENORA 2602 E PALFOX ST TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD WILLIAMS, ALGRADY MNSTR 2001 E. HILLSBOROUGH AVE #13 TAMPA FL 33610	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEA. RICK JOHNSON 3004 E. CURTIS ST TAMPA, FL. 33610	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURSLEY, MARCO L. MINSTR 2404 N HIGHLAND AVE. TAMPA, FL 33602-2114	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LENORA MO. 2602 E. PALFOX ST TAMPA, FL. 33610-6249	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD WILLIAMS, ALGRADY MNSTR 5600 E. CHELSEA ST. TAMPA, FL 33610	☒ Change ☐ Addition

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

8/8/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

2/9/9