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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004345 (3)

1. Corporation Name

REJOICE MINISTRIES OF SPRING HILL, INC.

Principal Place of Business

Mailing Address

4319 RIVER BIRCH DRIVE
SPRING HILL FL 34607

4319 RIVER BIRCH DRIVE
SPRING HILL FL 34607-2515



2. Principal Place of Business

2a. Mailing Address

21 19020 St. Laurent Dr

25 19020 St. Laurent Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lutz, FL

28 Lutz, FL

Zip

Country

Zip

Country

24 33549

25 Hillsboro

29 33549

30 Hillsboro

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, WILLIAM C
4319 RIVER BIRCH DRIVE
SPRING HILL FL 34607

81 Name

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

19020 St. Laurent Drive

83

84 City

Lutz

FL

85 Zip Code

33549

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

William C. Wilson - William C. Wilson

Jan. 24, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME WILSON, WILLIAM C
STREET ADDRESS 4319 RIVER BIRCH DRIVE
CITY-ST-ZIP SPRING HILL FL 34607

1.1 TITLE PTD
1.2 NAME Wilson, William C.
1.3 STREET ADDRESS 19020 St. Laurent Drive
1.4 CITY-ST-ZIP Lutz, FL. 33549

TITLE SD
NAME WILSON, BEVERLY C
STREET ADDRESS 4319 RIVER BIRCH DRIVE
CITY-ST-ZIP SPRING HILL FL 34607

2.1 TITLE SD
2.2 NAME Wilson, Beverly C.
2.3 STREET ADDRESS 19020 St. Laurent Drive
2.4 CITY-ST-ZIP Lutz, FL. 33549

TITLE VD
NAME FITZPATRICK, BETTIE C
STREET ADDRESS 7610 GATES CIR
CITY-ST-ZIP SPRING HILL FL 34606

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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.

SIGNATURE:

William C. Wilson

1-24-97 948-6198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066444

CR2E037 (9/96)