


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90191 016 ****61.25

DOCUMENT # N95000004345 1. Entity Name REJOICE MINISTRIES OF SPRING HILL, INC.																																																																																																											
Principal Place of Business 7610 GATES CIRCLE SPRING HILL, FL 34606 US			Mailing Address 7610 GATES CIRCLE SPRING HILL, FL 34606 US																																																																																																								
2. Principal Place of Business		3. Mailing Address																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																									
City & State		City & State																																																																																																									
Zip	Country	Zip	Country																																																																																																								
4. FEI Number 31-1480290				Applied For <input type="checkbox"/> Not Applicable																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																								
FITZPATRICK, BETTIE C 7610 GATES CIRCLE SPRING HILL, FL 34606			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>																																																																																																											
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILSON, WILLIAM C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2250 LONG VIEW CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BROOKSVILLE, FL 34604</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILSON, BEVERLY C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2250 LONG VIEW CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BROOKSVILLE, FL 34604</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FITZPATRICK, BETTIE C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7610 GATES CIR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SPRING HILL, FL 34606</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZOOBERG, CARL DR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7265 ROYAL OAK DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SPRING HILL, FL 34607</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHIVER, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>619 ERIN WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BROOKSVILLE, FL 34601</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RICK, EUDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3521 KITE STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAN DIEGO, CA 92103</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	PTD	<input type="checkbox"/> Delete	NAME	WILSON, WILLIAM C		STREET ADDRESS	2250 LONG VIEW CIRCLE		CITY-ST-ZIP	BROOKSVILLE, FL 34604		TITLE	SD	<input type="checkbox"/> Delete	NAME	WILSON, BEVERLY C		STREET ADDRESS	2250 LONG VIEW CIRCLE		CITY-ST-ZIP	BROOKSVILLE, FL 34604		TITLE	VD	<input type="checkbox"/> Delete	NAME	FITZPATRICK, BETTIE C		STREET ADDRESS	7610 GATES CIR		CITY-ST-ZIP	SPRING HILL, FL 34606		TITLE	D	<input type="checkbox"/> Delete	NAME	ZOOBERG, CARL DR.		STREET ADDRESS	7265 ROYAL OAK DRIVE		CITY-ST-ZIP	SPRING HILL, FL 34607		TITLE	D	<input type="checkbox"/> Delete	NAME	SHIVER, JOHN		STREET ADDRESS	619 ERIN WAY		CITY-ST-ZIP	BROOKSVILLE, FL 34601		TITLE	D	<input type="checkbox"/> Delete	NAME	RICK, EUDY		STREET ADDRESS	3521 KITE STREET		CITY-ST-ZIP	SAN DIEGO, CA 92103		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE	PTD	<input type="checkbox"/> Delete																																																																																																									
NAME	WILSON, WILLIAM C																																																																																																										
STREET ADDRESS	2250 LONG VIEW CIRCLE																																																																																																										
CITY-ST-ZIP	BROOKSVILLE, FL 34604																																																																																																										
TITLE	SD	<input type="checkbox"/> Delete																																																																																																									
NAME	WILSON, BEVERLY C																																																																																																										
STREET ADDRESS	2250 LONG VIEW CIRCLE																																																																																																										
CITY-ST-ZIP	BROOKSVILLE, FL 34604																																																																																																										
TITLE	VD	<input type="checkbox"/> Delete																																																																																																									
NAME	FITZPATRICK, BETTIE C																																																																																																										
STREET ADDRESS	7610 GATES CIR																																																																																																										
CITY-ST-ZIP	SPRING HILL, FL 34606																																																																																																										
TITLE	D	<input type="checkbox"/> Delete																																																																																																									
NAME	ZOOBERG, CARL DR.																																																																																																										
STREET ADDRESS	7265 ROYAL OAK DRIVE																																																																																																										
CITY-ST-ZIP	SPRING HILL, FL 34607																																																																																																										
TITLE	D	<input type="checkbox"/> Delete																																																																																																									
NAME	SHIVER, JOHN																																																																																																										
STREET ADDRESS	619 ERIN WAY																																																																																																										
CITY-ST-ZIP	BROOKSVILLE, FL 34601																																																																																																										
TITLE	D	<input type="checkbox"/> Delete																																																																																																									
NAME	RICK, EUDY																																																																																																										
STREET ADDRESS	3521 KITE STREET																																																																																																										
CITY-ST-ZIP	SAN DIEGO, CA 92103																																																																																																										
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																									
STREET ADDRESS	CITY-ST-ZIP																																																																																																										
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																									
STREET ADDRESS	CITY-ST-ZIP																																																																																																										
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																									
STREET ADDRESS	CITY-ST-ZIP																																																																																																										
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																									
STREET ADDRESS	CITY-ST-ZIP																																																																																																										
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																									
STREET ADDRESS	CITY-ST-ZIP																																																																																																										
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: <u>William C. Wilson</u> 7/3/04 352-796-2310 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																											