

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90130 006 ****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**

90003990



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1480290**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees 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

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

Bettie C Fitzpatrick

1-14-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *William C. Wilson*

1/14/03

352-796-2310

Date

Daytime Phone #

CR2E037 (10/02)