

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005263

FILED
Mar 16, 2009
Secretary of State

Entity Name: JOY METROPOLITAN COMMUNITY CHURCH ENDOWMENT FUND, INC.

Current Principal Place of Business:

2351 SOUTH FERNCREEK AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

2351 SOUTH FERNCREEK AVENUE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3355462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, GEORGE E C.P.A.
639 RAMONA LANE
ORLANDO, FL 32805 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: SD () Delete
Name: TATE, TAMI
Address: 502 DERBY DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD () Delete
Name: BARBER, ELLIOT
Address: 1912 BISCAYNE DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: PD () Delete
Name: ALLMAN, WILLIAM H JR
Address: PO BOX 40
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: HOWARD, MARGIE
Address: 14231 GOLDRUSH COURT
City-St-Zip: ASTATULA, FL 34705

Title: D () Delete
Name: ROSSELLE, JOHN
Address: 1904 HARRISON AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: GRANT, MARY JANE
Address: 401 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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
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Address:
City-St-Zip:

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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: GEORGE E BARBER

TRE

03/16/2009

Electronic Signature of Signing Officer or Director

Date