

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90011 014 ****61.25

DOCUMENT # N95000005966

1. Entity Name

J.O.Y. MINISTRY FOR JESUS, INC.



Principal Place of Business

Mailing Address

960 HEARTY STREET
NORTH FORT MYERS FL 33903

960 HEARTY STREET
NORTH FORT MYERS FL 33903

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0630762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPEES, M. LOIS
960 HEARTY STREET
NORTH FORT MYERS FL 33903

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HINKLE, GARY	
STREET ADDRESS	POST OFFICE BOX 322	
CITY-ST-ZIP	SOLDOTNA AK 99669	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEFFET, THOMAS	
STREET ADDRESS	2145 ALDRIDGE AVENUE	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, MARCIA	
STREET ADDRESS	6317 HOFSTRA STREET	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	PT	<input type="checkbox"/> Delete
NAME	SPEES, M. LOIS	
STREET ADDRESS	960 HEARTY STREET	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, STEPHEN	
STREET ADDRESS	6317 HOFSTRA CT	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEZAGO, EDMOND K	
STREET ADDRESS	611 SHARON MILL COURT	
CITY-ST-ZIP	WORTHINGTON OH 43085	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>V.P.C. Gary Hinkle</i>
STREET ADDRESS	<i>Box 322</i>
CITY-ST-ZIP	<i>Soldotna, ak 99669</i>
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	
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *M. Lois Spees / M. Lois Spees* 239.997.5683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #