

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004823

1. Entity Name

JOYOUS CHURCH FELLOWSHIP, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90084 011 ****61.25

Principal Place of Business

Mailing Address

711 & 713 US #1
FT PIERCE FL 34950

P.O. BOX 12462
FT PIERCE FL 34979-2462
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

820 Soltman Ave.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

City & State

4. FEI Number

65-0497571

Applied For

Not Applicable

Zip

34950

Country

USA

Zip

Country

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

DREW, JOHN D
711 & 713 US #1
FT PIERCE FL 34950

Name

Drew, John D.

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

820 Soltman Ave.

City

Ft. Pierce

FL

Zip Code

34950

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME DREW, JOHN D
STREET ADDRESS 2600 SE OCEAN BLVD APT I-4
CITY-ST-ZIP STUART FL 34996

TITLE P/D ☒ Change ☐ Addition
NAME DREW, JOHN D.
STREET ADDRESS 5350 NW Nekoma St.
CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE D ☐ Delete
NAME DREW, SALLY C
STREET ADDRESS 2600 SE OCEAN BLVD APT I-4
CITY-ST-ZIP STUART FL 34996

TITLE V/D ☒ Change ☐ Addition
NAME DREW, SALLY C.
STREET ADDRESS 5350 NW Nekoma St.
CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE D ☐ Delete
NAME AUSTIN, JOYCE
STREET ADDRESS 7910 S 86TH E AVE
CITY-ST-ZIP TULSA OK 74133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME HYDE, CALVIN
STREET ADDRESS 5110 Deerfield Dr.
CITY-ST-ZIP Gautier, MS 39553

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: John D. Drew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

(SGI) 464-2846

Daytime Phone #

CR2E037 (9/99)