

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004823

1. Entity Name

JOYOUS CHURCH FELLOWSHIP, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90278 039 ****61.25

Principal Place of Business

820 SOLTMAN AVE
FT PIERCE FL 34950
US

Mailing Address

P.O. BOX 12462
FT PIERCE FL 34979
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

65-0497571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DREW, JOHN D
820 SOLTMAN AVE
FT PIERCE FL 34950

7. Name and Address of New Registered Agent

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.

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

TITLE PD
NAME DREW, JOHN D
STREET ADDRESS 5350 NW NEKOMA ST
CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE VD
NAME DREW, SALLY C
STREET ADDRESS 5350 NW NEKOMA ST
CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

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

TITLE D
NAME HYDE, CALVIN
STREET ADDRESS 5110 DEERFIELD DR
CITY-ST-ZIP GAUTIER MS 39553 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-01 (SGI) 343-0361

0083605

CR2E037 (10/00)