2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000004823

City-St-Zip:

GAUTIER, MS 39553

Entity Name: JOYOUS CHURCH FELLOWSHIP, INC.

FILED Apr 08, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 820 SOLTMAN AVE ST LUCIE CO CIVIC CTR 2300 VIRGINIA AVE FT PIERCE, FL 34950 US ROOM #101 FT PIERCE, FL 34982 US **Current Mailing Address: New Mailing Address:** P.O. BOX 12462 FT PIERCE, FL 34979 US FEI Number: 65-0497571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DREW, JOHN D DREW, JOHN D 820 SOLTMAN AVE ST LUĆIE CO CIVIC CTR 2300 VIRGINIA AVE FT PIERCE, FL 34950 ROOM #101 FT PIERCE, FL 34982 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: JOHN D. DREW 04/08/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DREW, JOHN D Name: Name: 5350 NW NEKOMA ST Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: DREW, SALLY C Name: Address: 5350 NW NEKOMA ST Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: Title: () Delete Title: () Change () Addition AUSTIN, JOYCE Name: Name: 7910 S 86TH E AVE Address: Address: City-St-Zip: TULSA, OK 74133 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: HYDE, CALVIN Name: Address: 5110 DEERFIELD DR Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: JOHN D. DREW PD 04/08/2002