2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000004823

Entity Name: JOYOUS CHURCH FELLOWSHIP, INC.

FILED Apr 06, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ST LUCIE CO CIVIC CTR 2300 VIRGINIA AVE 3504 OKEECHOBEE RD ROOM #101 GRIMES SHOPPING PLAZA

FT PIERCE, FL 34982 US FT PIERCE, FL 34947 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 ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DREW, JOHN D DREW, JOHN D

ST LUCIE CO CIVIC CTR 2300 VIRGINIA AVE
ROOM #101
FT PIERCE, FL 34982

3504 OKEECHOBEE RD
GRIMES SHOPPING PLAZA
FT PIERCE, FL 34947

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 04/06/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: DREW, JOHN D Name:

 Name:
 DREW, JOHN D
 Name:

 Address:
 5350 NW NEKOMA ST
 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: D () Delete Title: () Change () Addition

 Name:
 AUSTIN, JOYCE
 Name:

 Address:
 7910 S 86TH E AVE
 Address:

 City-St-Zip:
 TULSA, OK 74133
 City-St-Zip:

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.

SIGNATURE: JOHN D DREW PD 04/06/2003