NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILE NOW: FILING FEE IS \$61.25

## **FILED** May 08, 1999 8:00 am § Secretary of State

05-08-1999 90013 049 \*\*\*\*61.25

1. Corporation Name

FIFTH JOYFUL MINISTRY, INC.

Principal Place of Business
44000 HRI FO DO #300

Mailing Address P O BOX 9755

2a. Mailing Address

11030 WILES RD #203 CORAL SPRINGS FL 33076

2. Principal Place of Business

**CORAL SPRINGS FL 33075** 

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3. Date Incorporated or Qualifed

<b>─</b> '	Place of Business 2a. Mailing Address				1	01/17/1997			[	
Suite, Apt. #	26 Suite, Apt. #, etc.					4. FEI Number 65-0729500			Applied For	
22	27					65-0729500		<u>_</u> _	Not Applicable	
City & State	te City & State					5. Certificate of Status Desired   \$8.75 Additional Fee Required				
23 Zip	Country Zip Cour					6. Election Campaign Fina	ncing -	\$5.0	May Be	
	25 29 30					Trust Fund Contribution		Adde	d to Fees	
9. Name and Address of Current Registered Agent						10. Name and Address of	New Registered A	Agent		
	0. (424)10 2.12 / 142100		1	81	Name				ì	
HAND, JEANNE A				82	Street Addre	ess (P.O. Box Number is Not A	Acceptable)	<del></del>		
11030 WILES RD #203				B3						
	CORAL SPRINGS FL 33076								ļ	
00.1.2	,, ,		f <sub>a</sub>	84	City			85 Zi	p Code	
				J	•		FL	11_		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE										
	Signature, typed or printed name of registered agent		E: Registered A	igent :	signature required	when reinsteting)  ADDITIONS/CHANGES		D DIREC	TORS IN 12	
12.	OFFICERS AND	DELETE				ADDITIONSTOTICATORS	70 0,7702,707,11	☐ Chang		
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NAME	HAND, JOSEPH		1.2 NAN						ŀ	
STREET ADDRESS	s 11030 WILES RD #203			EET A	VDDRESS				ì	
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 CIT	Y-ST-	ZIP				e 🗀 Addition	
TITLE	D	☐ DELETE	2.1 TITL	Æ	ļ			☐ Chang	e [] Addition	
NAME	HAND, JEANNE A		2.2 NAA	ИΕ					1	
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CITY-ST-ZIP	, ···			Y-ST	ZIP				<del></del>	
TITLE			3.1 TITL	E				Chang	je 🗌 Addition	
NAME	O'BRYNE, MICHAEL D		3.2 NAM	WE						
STREET ADDRESS	23 N BLACKWATER LN		3.3 STF	REET	ADDRESS					
CITY-ST-ZIP	KEY LARGO FL 33037		3.4. CIT	ry-ST	-ZIP					
TITLE	D	☐ DELETE	4.1 TITL					Chang	ge 🔲 Addition	
NAME	SCIARRATTA, MARGARET		4, 2 NA	ME	j					
\	7521 SW 9TH ST		4.3 STF	REET	ADDRESS					
STREET ADDRESS	N LAUDERDALE FL 33068		4.4 CIT		{					
CITY-ST-ZIP	C SELETE							☐ Chan	ge Addition	
TITLE	D NAME IOCEDIA		5.2 NA							
NAME	HANN, JOSEPH				ADDRESS					
STREET ADDRESS	1 HANN AVE		5.4 CIT		1					
CITY-ST-ZIP	VOORHEES NJ 08043	☐ DELETE	6.1 111					☐ Chang	e Addition	
TITLE	{	TH DOCUME	6.2 NA		}			_ `	<del> </del>	
NAME					ADDRESS !					
STREET ADDRESS	1				ADDRESS					
CITY-ST-ZIP	<u> </u>		6.4 CIT	Y-ST			atutae I further cor	tifu that th	e information	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: