2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003621

FILED Mar 17, 2005 Secretary of State

Entity Name: JOY OF FAITH CHRISTIAN CENTER, INC.

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

1963 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415 US

Current Mailing Address: New Mailing Address:

P O BOX 16788

WEST PALM BEACH, FL 33416 US

FEI Number: 65-0638616 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:

COOK, ROBERT D

1296 WHITE PINE DR

WELLINGTON, FL 33414 US

COOK, ROBERT D

1397 RED PINE TRAIL

WELLINGTON, FL 33414 US

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: 03/17/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: COOK, ROBERT D Name: COOK, ROBERT D

 Name:
 COOK, ROBERT D
 Name:
 COOK, ROBERT D

 Address:
 1296 WHITE PINE DRIVE
 Address:
 1397 RED PINE TRAIL

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 WELLINGTON, FL 33414

Title: D () Delete Title: D (X) Change () Addition Name: COOK, HELLEN M Name: COOK, HELLEN M

Address: 1296 WHITE PINE DRIVE Address: 1397 RED PINE TRAIL
City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete Title: () Change () Addition

 Name:
 SMITH, TRACEY A
 Name:

 Address:
 185 MISTY RIDGE TRAIL
 Address:

 City-St-Zip:
 STOCKBRIDGE, GA 30281
 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: ROBERT D COOK D 03/17/2005