## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

#### Sandra B.-Morthara

Secretary of State DIVISION OF CORPORATIONS

### DOCUMENT # N97000005877 (2)

### REJOICE MINISTRIES INC. INTERNATIONAL

# **FILED** Jun 25 1998 8:00am Secretary of State

TALLAHASSEE STATE

	•						
Principal Plac	e of Business	Mailing Address			- I INDUINO! BEO EDILI HOUSE ODER ODERE ODIN ODER COM	N ANDI MÕNI	18011 1001 1001
2479 DEEN STILL ROAD POST OFFICE BOX 92779					3. Date Incorporated or Qualified		
POLK CITY FL 33888 LAKELAND FL 33804-2779			ıA.		10/10/1997		
		_	$\alpha$		4. FEI Number	I A	pplied For
-			JIP		59-3051925	N	lot Applicable
<del></del>	Place of Business	2a. Mailing Address	V		5. Certificate of Status Desired	\$8.75	Additional
21		26					tequired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00	
City & Stat	0	City & State			Trust Fund Contribution	Added to	
28					7. Is this nonprofit corporation a homeowners association?  [ Yes		
Zip	Country	Zip	Country		8. This corporation owes or has paid the curre		itapaible
24	_ 25 USP	29	30	SM			<b>V</b> No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	gent	
			81	Name			
BIGGERS, JOYCE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
2479 DEEN STILL ROAD				<del></del> -			
POLK	CITY FL 33868		83				
			84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statute	is the above	a-named corr	poration submits this statement for the purpose of o	banoing i	its registered
office or r	registered agent, or tioth, in the State im familiar with, and accept the oblig	of Florida. Such change was a	uthorized by	the corporali	ion's board of directors. I hereby accept the appo	intment as	registered
•	im mamiliar with, and accept the oblig	ations of, Section 617.0005, Flor	nua otatutes	1.			
SIGNATURE	Stonature, typed or printed name of registered ag-	ent and title It applicable (NOTE	: Registered Age	nt signature requir	ed when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE	PD	DELETE	1.1 TITLE			Change	Addition
NAME	BIGGERS, JOYCE		1.2 NAME				
STREET ADDRESS	P.O. BOX 92779 N/A		1.3 STREET				
CITY-ST-ZIP TITLE	LAKELAND FL 33804-2779 VD	DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP		Change	Addition
NAME	BIGGERS, JAMES R	- otter	2.2 NAME			Origings	Addition
STREET ADDRESS	P.O. BOX 92779 N/A		2.3 STREET	ADDRESS			
City-St-ZIP	LAKELAND FL 33804-2779		2. 4 CITY - 5				
TITLE	STD	DELETE	3.1 TITLE			Change	Addition
NAME	WILDER, SYNTHIA		3.2 NAME				
STREET ADDRESS	553 TAVARES ROAD		3.3 STREET	ADDRESS			
CITY-ST-ZIP	POLK CITY FL 33868-2779	T Spiere	3.4. CITY - 9	ST - ZIP		76	g. at arts 1
TITLE		☐ DELFTE	4.1 TITLE		L	Change	Addition
NAME OTDEET ADDRESS			4.2 NAME	1000000			
STREET ADDRESS			4.3 STREFT				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	1-242		Change	Addition
NAME			5.2 NAME		en kandan kanakana onkanding nya misaki kiala		
STREET ADDRESS			53 STREET	ADDRESS	######################################	· · · · · · · · · · · · · · · · · · ·	•
CITY-ST-ZIP			54 CITY-S		##61,25	•	
TITLE		DELETE	6 1 TITLE			Change	Addition
NAME			62 NAME				PE
STREET ADDRESS			63 STREET	ADDRESS	5 m		6.25
CITY-ST-ZIP			64 CITY-S	T - ZIP	F TELL JUN 2 3 1998		<i>y</i>

14. Thereby 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 eath; 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 illichanged, or on an attachment with an address.