2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N97000006882

Entity Name: VOICE OF JOY MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

13291 VANTAGE WAY
SUITE #107
JACKSONVILLE, FL 32218

New Principal Place of Business:

3115 SPRING GLEN ROAD
SUITE #502
JACKSONVILLE, FL 32207

Current Mailing Address:

11544 SUMMER HAVEN BLVD N
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-3485654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, ALLEN B
11544 SUMMER HAVEN BLVD N
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: COLEMAN, ALLEN
Address: 11544 SUMMER HAVEN BLVD N
City-St-Zip: JACKSONVILLE, FL 32258

Title: DV ( ) Delete
Name: COLEMAN, ANGELA
Address: 11544 SUMMER HAVEN BLVD N
City-St-Zip: JACKSONVILLE, FL 32258

Title: DST ( ) Delete
Name: PITTMAN, VANILLA S
Address: 8829 FALCON TRACE DRIVE S
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: COLEMAN, ALLEN B
Address: 11544 SUMMER HAVEN BLVD N
City-St-Zip: JACKSONVILLE, FL 32258

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALLEN B. COLEMAN DP 04/04/2009

Electronic Signature of Signing Officer or Director — Date