AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 OCT 29 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N97000006884 (7)

1. Corporation Name

VOICE OF JOY SANCTUARY OF GLORY FAMILY WORSHIP C ENTER, INC.

Principal Place of Business	Mailing Address
570 S ELLIS RD. JACKSONVILLE FL 32254	570 S ELLIS RD. JACKSONVILLE FL 32254

3. Date Incorporated or Qualified: 12/11/1997

4. FEI Number: 59-3500841 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23: JACKSONVILLE, FLA	City & State 28: JACKSONVILLE, FLA
Zip 24: 32254 Country 25: DUVAL	Zip 29: 32254 Country 30: DUVAL

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

COLEMAN, ALLEN B
570 S ELLIS RD.
JACKSONVILLE FL 32254

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PASTOR/DIRECTOR	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Allen B. Coleman		1.2 NAME	
STREET ADDRESS	3883 Star Tree Rd		1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32210		1.4 CITY-ST-ZIP	
TITLE	CO-PASTOR/DIRECTOR	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Angela B Coleman		2.2 NAME	
STREET ADDRESS	3883 Star Tree Rd.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32210		2.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Vanilla S. Deas		3.2 NAME	
STREET ADDRESS	3883 Star Tree Rd.		3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32210		3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Jesse Wiley		4.2 NAME	
STREET ADDRESS	919 Magic Cove Ln.		4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32218		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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.

SIGNATURE: Allen B. Coleman 9/27/98 (904) 783-8393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #