2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005442

1. Entity Name
JOY TO THE WORLD CHRISTIAN CHURCH OF MISSIONS, INC.

Principal Place of Business	Mailing Address
2101 STARKEY ROAD SUITE 19B LARGO, FL 33771	13014 N. DALE MABRY SUITE 213 TAMPA, FL 33618

07292004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3534211
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHOQUETTE, HENRY JR
103 KENDALE DR.
SAFETY HARBOR, FL 34695

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 8, 2004

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

U00000171090
08/30/04-80003-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PSDC
NAME	CHOQUETTE, HENRY JR.
STREET ADDRESS	103 KENDALE DR.
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	VPD
NAME	EDWARDS, JEREMIAH W
STREET ADDRESS	1275 BELCHER RD
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	TD
NAME	CHOQUETTE, DORIS
STREET ADDRESS	103 KENDALE DR.
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry O. Choquette JR Henry Choquette president 8-25-04 727-798-0649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #