## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9800005442

## JOY TO THE WORLD CHRISTIAN CHURCH OF MISSIONS, I NC.



**FILED** Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90158 012 \*\*\*\*61.25

Principal Place of Business 8340 ULMERTON ROAD #204 LARGO FL 33771  2. Principal Place of Business			Mailing Address 13014 N. DALE MABRY #213 TAMPA FL 33618									
·			Suite, Apt. #, etc.									
Suite, Apt. #, etc.								CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number <b>59-3534211</b> Applied F Not Appli				-
Zip Country			Zip Cour			ıntry	**	5. Certificate of Status Desired				]
	6. Name a	ed Agent					ress of New Registers	d Agent		1		
						Name						-
CHOQUETTE, HENRY JR 103 KENDALE DR.				Street Address			ddress (F	(P.O. Box Number is Not Acceptable)				
SAFETY HARBOR FL 34695								,				
						City			F	Zip Co	ode	1
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 accertifications of registered agent.												
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State			
10.	<u> </u>	OFFICERS AND DIF	ECTORS		11.			ADDITIONS/CHANGE	ES TO OFFICERS AND	DIRECTORS	IN 10	↿,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	103 KENDA	E, HENRY JR. LE DR. RBOR FL 34695		☐ Delete						☐ Change	e Addition	7007 /40/00
TITLE NAME STREET ADDRESS	VPD	JEREMIAH W		☐ Delete	TITLE NAM STRE		_	÷		☐ Change	Addition	7
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12. I hereby certify that the information supplied with this filling 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. 727 798-0649

**SIGNATURE:**