

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002949

1. Entity Name

RIVER OF JOY MINISTRIES, INC

Principal Place of Business

6704 LOTUS RD. SOUTH
JACKSONVILLE FL 32211

Mailing Address

6704 LOTUS RD. SOUTH
JACKSONVILLE FL 32211-4171

2. Principal Place of Business

12666 Ivylena Rd
Suite, Apt. #, etc.

3. Mailing Address

12666 Loxkna Rd
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JAX, FL

Zip

Country

32225 Duval

Zip

Country

32225 Duval

6. Name and Address of Current Registered Agent

HIGHSMITH, ANNETTE
3727 VICKERS LAKE DRIVE
JACKSONVILLE FL 32224

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Annette M. Highsmith Annette Highsmith

5/1/00

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ Delete
NAME MELISSA CHRISTENSEN
STREET ADDRESS 200 WALNUT ST
CITY-ST-ZIP NEPTUNE BEACH FL 32206

TITLE DIRECTOR ☐ Delete
NAME CAROLYN GAINES
STREET ADDRESS 12666 IYVLENA RD
CITY-ST-ZIP JAX, FL 32225

TITLE TREASURER ☐ Delete
NAME ANNETTE HIGHSMITH
STREET ADDRESS 3727 VICKERS LAKE DR
CITY-ST-ZIP JAX FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Annette M. Highsmith Annette M. Highsmith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-24-2000 90034 047 ****61.25

307047

DO NOT WRITE IN THIS SPACE

166/6/2/11
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