

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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90263 049 \*\*\*\*70.00

**DOCUMENT # N99000002949**

1. Entity Name  
**RIVER OF JOY MINISTRIES, INC**



Principal Place of Business

**11306 PORTSIDE DRIVE  
JACKSONVILLE FL 32225**

Mailing Address

**11306 PORTSIDE DRIVE  
JACKSONVILLE FL 32225**

2. Principal Place of Business

**4127 Leeward Point**

3. Mailing Address

**4127 Leeward Point**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip  
**32225**

Country

Zip  
**32225**

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHRISTENSON, MELISSA  
11306 PORTSIDE DRIVE  
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name **Molly Brown**

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

**2796 Woolery Drive**

# **6**

City

**Jacksonville**

FL

Zip Code

**32211**

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

**Molly Brown**

**4-13-03**

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. OFFICERS AND DIRECTORS

TITLE	<b>PDT</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, MOLLY</b>	
STREET ADDRESS	<b>12666 IVYLENA ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>VDS</b>	<input type="checkbox"/> Delete
NAME	<b>CHRISTENSON, MELISSA</b>	
STREET ADDRESS	<b>11306 PORTSIDE DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GAINEY, CAROLYN</b>	
STREET ADDRESS	<b>12666 IVYLENA ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PDT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brown, Molly</b>	
STREET ADDRESS	<b>2796 Woolery Drive #6</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32211</b>	
TITLE	<b>VDS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Christenson, Melissa</b>	
STREET ADDRESS	<b>4127 Leeward Pt.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32225</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gainey, Carolyn</b>	
STREET ADDRESS	<b>2796 Woolery Drive #6</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32211</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**Molly Brown**

**4-13-03**

**904-626-8268**

CR2E037 (10/02)