2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 201 COR

1. Entity Name

NON-PROFIT
JOYFUL RELEASE INC.
N99000003186

Principal Place of Business

416 N.W. 1ST AVE.
Boynton Beach, Fla.
33435

Mailing Address

416 N.W. 1ST AVE
Boynton Beach, Fla.
33435

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt #, etc.	Suite, Apt. #, etc.	

City & State	City & State	4. FEI Number 65-0981947	Applied For / Not Applicable
Zip / Country U.S.A.	Zip / Country U.S.A.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMES W. GRAHAM PRESIDENT 416 N.W. 1ST AVE. Boynton Beach, Fla. 33435	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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

NON-PROFIT

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS: $150.00 $61.25 NON-PROFIT
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PRESIDENT NAME JAMES W. GRAHAM STREET ADDRESS 416 N.W. 1ST AVE. CITY-ST-ZIP BOYNTON BEACH, FLA. 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE S/T/D NAME LUCY G. GRAHAM STREET ADDRESS 416 N.W. 1ST AVE. CITY-ST-ZIP BOYNTON BEACH, FLA. 33435	☐ Delete	100003241411--1 =05/05/00--01099--012 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE D NAME TROY S. GIDDENS STREET ADDRESS 218 S.W. 7TH AVE. CITY-ST-ZIP BOYNTON BEACH, FLA. 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME JAMES H. VICK STREET ADDRESS 7070 PERKE DRIVE CITY-ST-ZIP JACKSONVILLE, FLA. 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME FRED J. OCCHIPINTI STREET ADDRESS 1300 N. 4TH STREET CITY-ST-ZIP BOYNTON BEACH FLA. 33460-1950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/99)

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _James W. Graham_   JAMES W. GRAHAM   4-24-00   (1-56) 732-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #