

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90301 032 \*\*\*\*61.25

DOCUMENT # N99000003186	
1. Entity Name	
JOYFUL RELEASE, INC.	



Principal Place of Business	Mailing Address
5505 N OCEAN BLVD. #2-202 BOYNTON BEACH FL 33435	5505 N OCEAN BLVD. #2-202 BOYNTON BEACH FL 33435

2. Principal Place of Business	3. Mailing Address
856 SUNNY SOUTH AV.	856 SUNNY SOUTH AV.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State	City & State
BOYNTON BEACH FLA.	BOYNTON BEACH FLA.
Zip	Zip
33436	33436
Country	Country
PALM BEACH	PALM BEACH

4. FEI Number	Applied For
65-0981947	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GRAHAM, JAMES W 5505 N OCEAN BLVD #2-202 BOYNTON BEACH FL 33435	
7. Name and Address of New Registered Agent	
Name	
← SAME / NEW ADDRESS	
Street Address (P.O. Box Number is Not Acceptable)	
856 SUNNY SOUTH AVE.	
City	Zip Code
BOYNTON BEACH	FL 33436

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

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**  
**Due By May 1, 2005**

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	P	<input type="checkbox"/> Delete
NAME	GRAHAM, JAMES W	
STREET ADDRESS	5505 N OCEAN BLVD #2-202	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRAHAM, LUCY G	
STREET ADDRESS	5505 N OCEAN BLVD #2-202	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIDDENS, TORY S	
STREET ADDRESS	218 S W 7TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VICK, JAMES H	
STREET ADDRESS	7070 PERKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, DR. MARK	
STREET ADDRESS	3440 N.E. 11 TERR.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, GRANT	
STREET ADDRESS	530 DAVIS ST.	
CITY-ST-ZIP	LABELLE FL 33935	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

*James W. Graham*  
JAMES W. GRAHAM

APRIL 14-2005 561-732-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #