

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004137

FILED
Feb 11, 2002 8:00 AM
Secretary of State

Entity Name: JOY CHRISTIAN CHURCH, INCORPORATED

Current Principal Place of Business:

10819 S.W. 86TH AVENUE
OCALA, FL 34481

New Principal Place of Business:

3405 SW COLLEGE ROAD
SUITE 203
OCALA, FL 34474

Current Mailing Address:

10819 S.W. 86TH AVENUE
OCALA, FL 34481

New Mailing Address:

3405 SW COLLEGE ROAD
SUITE 203
OCALA, FL 34474

FEI Number: 59-3584993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFFORD, JO S
10819 S.W. 86TH AVENUE
OCALA, FL 34481

Name and Address of New Registered Agent:

CLIFFORD, JO S
3405 SW COLLEGE ROAD
SUITE 203
OCALA, FL 34474

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:

02/11/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLIFFORD, JO S
Address: 10819 S.W. 86TH AVENUE
City-St-Zip: OCALA, FL 34481

Title: STD () Delete
Name: CLIFFORD, STEVEN E
Address: 10819 S.W. 86TH AVENUE
City-St-Zip: OCALA, FL 34481

Title: VPD () Delete
Name: MCCOMBS, MARGARET T
Address: 521 MOCKINGBIRD COURT
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLIFFORD, JO S
Address: 3405 SW COLLEGE ROAD, SUITE 203
City-St-Zip: OCALA, FL 34474

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO S. CLIFFORD

PD

02/11/2002

Electronic Signature of Signing Officer or Director

Date