

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004137

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: JOY CHRISTIAN CHURCH, INCORPORATED

**Current Principal Place of Business:**

3405 SW COLLEGE ROAD  
SUITE 203  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

3405 SW COLLEGE ROAD  
SUITE 203  
OCALA, FL 34474

**New Mailing Address:**

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  
3405 SW COLLEGE ROAD  
SUITE 203  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CLIFFORD, JO S  
Address: 3405 SW COLLEGE ROAD, SUITE 203  
City-St-Zip: Ocala, FL 34474

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

Title: VPD ( ) Delete  
Name: HENRY, DANA  
Address: 19 MYRTLE WARBLER  
City-St-Zip: HILTON HEAD ISLAND, SC 29926

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VPD (X) Change ( ) Addition  
Name: HENRY, DANA  
Address: 313 ORCHARD LANE  
City-St-Zip: SEWICKLEY, PA 15143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date