2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068287

Entity Name: JOY COMMUNITY DEVELOPMENT CORPORATION

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	VERHILL RD. BCH, FL 3341	5			
Current Mailing Address:			New Mailing Address:		
	VERHILL RD. BCH, FL 3341	5			
FEI Number	: 65-1121336	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
455 N. HA	S, EUSTACE VERHILL RD. BCH, FL 3341	5 US			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			jent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () DOUGLAS, EUS 127 SYCAMOR ROYAL PALM E	E DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () CLARKE, LELA 1323 MONTERA GREENACRES,	Y WAY	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STD () WORRELL, EDI 637 CASHIERS W. PALM BCH,	DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUSTACE DOUGLAS PD 04/20/2005