

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N15000003611

Entity Name: THE JOY COUNSELING CENTER, INC.

Current Principal Place of Business:

11729 FAN TAIL LANE
ORLANDO, FL 32827

Current Mailing Address:

11729 FAN TAIL LANE
ORLANDO, FL 32827

FEI Number: 47-3753758

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CANNON, JOY DR.
11729 FAN TAIL LANE
ORLANDO, FL 32827 US

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

Officer/Director Detail :

Title PD
Name CANNON, JOY DR.
Address 11729 FAN TAIL LANE
City-State-Zip: ORLANDO FL 32827

Title TD
Name CANNON, GARY R
Address 11729 FAN TAIL LANE
City-State-Zip: ORLANDO FL 32827

Title SECRETARY
Name KAMARA, YVONNE
Address 3830 CRESWICK CIRCLE
City-State-Zip: ORLANDO FL 32829

Title VP
Name CANNON, SUSAN
Address PO BOX 560756
City-State-Zip: ORLANDO FL 32856

Title DIRECTOR
Name MILLER, ANNETTE
Address 12569 NARCOOSSEE RD
City-State-Zip: ORLANDO FL 32832

I hereby 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 all other like empowered.

SIGNATURE: DR JOY I. CANNON

AGENT/PRESIDENT

06/28/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date