

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003611

**FILED**  
**Feb 25, 2018**  
**Secretary of State**  
**CC4741195748**

**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

**PD**

**02/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date