## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000003611

Entity Name: THE JOY COUNSELING CENTER, INC.

**FILED** Feb 06, 2024 **Secretary of State** 8689442563CC

## **Current Principal Place of Business:**

16 FIELD DRIVE SOMERSET, KY 42503

## **Current Mailing Address:**

16 FIELD DRIVE

SOMERSET, KY 42503 US

FEI Number: 47-3753758 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

CANNON, JOY DR. 16 FIELD DRIVE SOMERSET, FL 42503 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title TD

HENRY, TROY D III NICHOLAS, JAMES A JR. Name Name 3204 HERITAGE TRADE DR 3204 HERITAGE TRADE DR Address Address

SUITE 100 SUITE 100

City-State-Zip: WAKE FOREST NC 27587 City-State-Zip: WAKE FOREST NC 27587

Title VΡ Title **SECRETARY** Name CANNON, JOY I Name CANNON, JOY I 16 FIELD DRIVE 16 FIELD DR Address Address

City-State-Zip: SOMERSET KY 42503 City-State-Zip: SOMERSET KY 42503

Title **BOARD OFFICER** Title **BOARD OFFICER** Name LAI. THIEN AN CHAMBERLAIN, JOHN EDWARD II Name

Address 3204 HERITAGE TRADE DR Address 3204 HERITAGE TRADE DR SUITE 100

SUITE 100

WAKE FOREST NC 27587 City-State-Zip: WAKE FOREST NC 27587 City-State-Zip:

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.

02/06/2024 SIGNATURE: JOY I. CANNON V. PRES/SECTY