

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21255

Entity Name: BELIEVER'S JOY WORSHIP CENTER, INCORPORATED**Current Principal Place of Business:**13066 YELLOW BLUFF ROAD
JACKSONVILLE, FL 32226**Current Mailing Address:**13066 YELLOW BLUFF ROAD
JACKSONVILLE, FL 32226**FEI Number:** 59-2814287**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CREWS, DEBORAH D
3222 FRITZ ROAD
JACKSONVILLE, FL 32226 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	SHIFERDEK, LYLE E., JR.
Address	13985 WEBB RD
City-State-Zip:	JACKSONVILLE FL 32218

Title	STD
Name	MIANO, SUSAN L
Address	54223 JANICE DR
City-State-Zip:	CALLAHAN FL 32011

Title	V
Name	CREWS, RICHARD L
Address	3222 FRITZ RD
City-State-Zip:	JACKSONVILLE FL 32226

Title	TR
Name	LOWERY, FORREST W
Address	11859 WATERBLUFF LANE W.
City-State-Zip:	JACKSONVILLE FL 32218

Title	TR
Name	NICHOLS, HUBERT L
Address	3236 PEACEFUL CT
City-State-Zip:	JACKSONVILLE FL 32226

Title	MD
Name	SHIFERDEK, BEVERLY J
Address	13985 WEBB RD
City-State-Zip:	JACKSONVILLE FL 32218

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: SUSAN L. MIANO

STD

01/28/2020

Electronic Signature of Signing Officer/Director Detail_____
Date