

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006202

Entity Name: JOYFUL NOISE HOLINESS TABERNACLE OF JESUS CHRIST
INCORPORATED**FILED**
May 01, 2015
Secretary of State
CC7281376012**Current Principal Place of Business:**103 W COLUMBUS DRIVE
TAMPA, FL 33602**Current Mailing Address:**2602 E. PALIFOX ST
TAMPA, FL 33610 US**FEI Number: 59-3298239****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIAMS, CURTIS GSR
103 W COLUMBUS DRIVE
TAMPA, FL 33602 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 PTD
Name WILLIAMS, CURTIS GPASTOR
Address 206 W WARREN ST
City-State-Zip: TAMPA FL 33602

Title VTD
Name WILLIAMS, DERRICK EELDER
Address 2602 E PALIFOX ST
City-State-Zip: TAMPA FL 33610

Title D
Name JOHNSON, RICK MIN.
Address 3516 N. 21ST ST B
City-State-Zip: TAMPA FL 33605

Title MINISTER
Name SMITH, BILLY D
Address 2113 ARCH ST
City-State-Zip: TAMPA FL 33607

Title D
Name WILLIAMS, LENORA MOTHER
Address 2602 E PALIFOX ST
City-State-Zip: TAMPA FL 33610-6249

Title MGRD
Name WILLIAMS, ALGRADY MNSTR
Address 5611 E CHELSEA STREET
City-State-Zip: TAMPA FL 33610

Title 1ST LADY
Name WILLIAMS, SHARI D
Address 206 W WARREN AVE.
City-State-Zip: TAMPA FL 33602

Title MISSIONARY
Name SCOTT, DEBRA
Address 103 W COLUMBUS DR.
City-State-Zip: TAMPA FL 33602

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: DERRICK E. WILLIAMS**ELDER****05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date