

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005263

**Entity Name:** JOY METROPOLITAN COMMUNITY CHURCH ENDOWMENT  
FUND, INC.**FILED**  
**Feb 12, 2016**  
**Secretary of State**  
**CC4715294290****Current Principal Place of Business:**2351 SOUTH FERNCREEK AVENUE  
ORLANDO, FL 32806**Current Mailing Address:**2351 SOUTH FERNCREEK AVENUE  
ORLANDO, FL 32806**FEI Number: 59-3355462****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BARBER, GEORGE EC.P.A.  
639 RAMONA LANE  
ORLANDO, FL 32805 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	DANESE, JERRY
Address	2351 S FERNCREEK AVENUE
City-State-Zip:	ORLANDO FL 32806

Title	TD
Name	ALLMAN, WILLIAM H JR.
Address	540 WEKIVA CREST DRIVE
City-State-Zip:	APOPKA FL 32712

Title	D
Name	BARBER, GEORGE E
Address	1912 BISCAYNE DRIVE
City-State-Zip:	ORLANDO FL 32804

Title	D
Name	ROGERS, RICK
Address	2351 S FERNCREEK AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	STEED, TERRI S REV
Address	2351 SOUTH FERNCREEK AVENUE
City-State-Zip:	ORLANDO FL 32806

*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: WILLIAM H ALLMAN****TREASURER****02/12/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date