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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:23

DOCUMENT # N03059 (5)

1. Corporation Name
JOY LUTHERAN CHURCH OF PALM BAY, INC.

Principal Place of Business	Mailing Address
3174 JUPITER BLVD., S.E. PALM BAY FL 32909	3174 JUPITER BLVD., S.E. PALM BAY FL 32909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1984
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2372549 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DIXON, WILLIAM H.
233 N.W. PALM BAY RD
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARKINS, CAROL 917 STAGE ST. S.E. PALM BAY FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V HARKINS, CAROL 1051 UTAH ST. S.E. PALM BAY, FL 32909	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MUMFORD, PAT 691 DEGROODT ROAD, SW PALM BAY FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUTZEIER, AL 715 PENQUIN AVE, N. E. PALM BAY FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D LOVE, WILLIAM 1905 BARKER ST. N.E. PALM BAY, FL 32907	XX Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JENSEN, PAUL 226 DRISKELL ST, SE PALM BAY FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P JENSEN, PAUL 226 DRISKELL ST. S.E. PALM BAY, FL 32907	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARSONS, CAROL 3162 WINCHESTER AVE SE PALM BAY FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TD HARKINS, WENDY 1051 UTAH ST. S.E. PALM BAY, FL 32909	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul A. Jensen 2/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Paul Jensen — February 13, 1995 — Daytime Phone # 407-951-0166