

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

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PALM BAY FL 32909

3. Date Incorporated or Qualified **05/14/1984** 3a. Date of Last Report **02/20/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2372549		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARKINS, CAROL	1.2 NAME	PESCOR, MIKE
STREET ADDRESS	1051 UTAH ST SE	1.3 STREET ADDRESS	913 RIPLEY TERRACE, NE
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUMFORD, PAT	2.2 NAME	MUNRO, PAULA
STREET ADDRESS	691 DEGROODT ROAD, SW	2.3 STREET ADDRESS	1381 ERLANG AVENUE, NW
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVE, WILLIAM	3.2 NAME	FORD, ROXIE
STREET ADDRESS	1905 BARKER ST NE	3.3 STREET ADDRESS	800 GELASO STREET, SW
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	PALM BAY, FL 32908
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, PAUL	4.2 NAME	HARKINS, CAROL
STREET ADDRESS	226 DRISKELL ST, SE	4.3 STREET ADDRESS	5607 WOOD STORK LANE
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	GRANT, FL 32949
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKINS, WENDY	5.2 NAME	HARKINS, WENDY
STREET ADDRESS	1051 UTAH ST SE	5.3 STREET ADDRESS	5607 WOOD STORK LANE
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	GRANT, FL 32949
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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:

Carol A. Harkins
CAROL A. HARKINS

1/23/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)