


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

98 JUN -5 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03059 1. Corporation Name JOY LUTHERAN CHURCH OF PALM BAY, INC.					
Principal Place of Business 3174 Jupiter Blvd., S.E. Palm Bay, FL 32909		Mailing Address 3174 Jupiter Blvd., S.E. Palm Bay, FL 32909			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/14/1984 4. FEI Number 59-2372549 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pescor, Michael		1.2 NAME	Bockelman, Erich R.	
STREET ADDRESS	913 Ripley Terrace NE		1.3 STREET ADDRESS	260 Godfrey Rd., SE	
CITY-ST-ZIP	Palm Bay, FL 32907		1.4 CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE	VP/T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richmond, Evelyn		2.2 NAME	Pescor, Frank	
STREET ADDRESS	326 Krassner Dr. NW		2.3 STREET ADDRESS	350 Godfrey Rd., SE	
CITY-ST-ZIP	Palm Bay, FL 32907		2.4 CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE	S/T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeFrances, Alan		3.2 NAME	Wainikainen, Donna	
STREET ADDRESS	1317 Prum Ave., NW		3.3 STREET ADDRESS	325 Riley Ave., NE	
CITY-ST-ZIP	Palm Bay, FL 32907		3.4 CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	F/T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	F/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Querry, Kathie		4.2 NAME	Wavering, Gloria	
STREET ADDRESS	571 Bluefields St., SE		4.3 STREET ADDRESS	871 Remsen Ave., NW	
CITY-ST-ZIP	Palm Bay, FL 32909		4.4 CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing 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 registered 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/04/98 (407) 768-1616

Date Daytime Phone #

CR2E037 (10/97)