


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90090 017 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N03059</b> 1. Corporation Name <b>JOY LUTHERAN CHURCH OF PALM BAY, INC.</b>		
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	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/14/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2372549
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
25	29	30
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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	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 \_\_\_\_\_ 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCKELMAN, ERICH R	1.2 NAME	
STREET ADDRESS	260 GODFREY RD. SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PESCOR, FDRANK	2.2 NAME	
STREET ADDRESS	350 GODFREY RD., SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAINKAINEN, DONNA	3.2 NAME	
STREET ADDRESS	325 RILEY AVE., NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	3.4 CITY-ST-ZIP	
TITLE	FT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAVERING, GLORIA	4.2 NAME	
STREET ADDRESS	871 RAMSEN AVE., NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	4.4 CITY-ST-ZIP	
TITLE	TT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANNIE	5.2 NAME	
STREET ADDRESS	2348 BENT PINE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904	5.4 CITY-ST-ZIP	
TITLE		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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 (407) 768-1616  
Date Daytime Phone #

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