

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03059

1. Entity Name

JOY LUTHERAN CHURCH OF PALM BAY, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90178 025 ****61.25

Principal Place of Business 3174 JUPITER BLVD., S.E. PALM BAY FL 32909	Mailing Address 3174 JUPITER BLVD., S.E. PALM BAY FL 32909-4103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2372549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOCKELMAN, ERICH R	
STREET ADDRESS	260 GODFREY RD. SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PESCOR, FRANK	
STREET ADDRESS	350 GODFREY RD., SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CARMICHAEL, MICHAEL	
STREET ADDRESS	1541 EMERSON DR SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	FT	<input checked="" type="checkbox"/> Delete
NAME	WAVERING, GLORIA	
STREET ADDRESS	871 RAMSEN AVE., NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	TT	<input type="checkbox"/> Delete
NAME	BOCKELMAN, HAROLD	
STREET ADDRESS	807 DAYTONA DR NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank T. Pescor	
STREET ADDRESS	350 Godfrey Rd SE.	
CITY-ST-ZIP	Palm Bay, FL. 32909	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerome Houser	
STREET ADDRESS	563 Blackhorse St. SE.	
CITY-ST-ZIP	Palm Bay, FL. 32909	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric Bockelman No Change	
STREET ADDRESS	807 Daytona Dr NE	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cecilia Miles	
STREET ADDRESS	437 Schenley St SW	
CITY-ST-ZIP	Palm Bay FL 32908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank T. Pescor* Frank T. Pescor 4/14/00 321-729-3883
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)