

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90283 007 ****61.25

DOCUMENT # N03059

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



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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2372549		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DIXON, WILLIAM H 233 N.W. PALM BAY RD PALM BAY FL 32905				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PT	<input type="checkbox"/> Delete		TITLE	PT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DENNISON, MARGE			NAME	ROCKELMAN, HAROLD		
STREET ADDRESS	1317 RILE ST. SW			STREET ADDRESS	807 DAYTONA DR NE		
CITY-ST-ZIP	PALM BAY FL 32909			CITY-ST-ZIP	PALM BAY, FL 32905		
TITLE	VPT	<input type="checkbox"/> Delete		TITLE	VPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOCKLEMAN, HAROLD			NAME	COLLINS, JAMES		
STREET ADDRESS	807 DAYTONA DR. NE			STREET ADDRESS	766 HAFTEZ ST. NE		
CITY-ST-ZIP	PALM BAY FL 32905			CITY-ST-ZIP	PALM BAY, FL 32907		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOLLEY, KIM M			NAME	SANTOS, LOIS J.		
STREET ADDRESS	707 CARLYLE AVE. SE			STREET ADDRESS	407 PALMETTO AVE		
CITY-ST-ZIP	PALM BAY FL 32909			CITY-ST-ZIP	MELBOURNE, FL 32901		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALTON, EMILY			NAME			
STREET ADDRESS	1541 GISINGER CT. NW			STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32907			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *[Signature]* SIGNATURES REQUIRED: *[Signature]* **Lois J. Santos** 4/30/03 321 733-7177

CR2E037 (10/02)