

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03059** (5)
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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/14/1984	3a. Date of Last Report 04/30/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2372549	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29		Country 30		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	

g. 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 V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARKINS, CAROL		1.2 NAME Michael Pascor	
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 VP/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUNRO, PAULA		2.2 NAME Evelyn Richmond	
STREET ADDRESS 1381 ERLING AVENUE NW		2.3 STREET ADDRESS 326 Krassner Drive 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 T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORD, ROXIE		3.2 NAME Annie Smith	
STREET ADDRESS 800 GELASO STREET SW		3.3 STREET ADDRESS 2348 Bent Pine Dr.	
CITY-ST-ZIP PALM BAY FL		3.4 CITY-ST-ZIP West Melbourne, FL 32904	
TITLE P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARKINS, CAROL		4.2 NAME Alan DeFrances	
STREET ADDRESS 5607 WOOD STORK LANE		4.3 STREET ADDRESS 1317 Prum Avenue NW	
CITY-ST-ZIP GRANT FL		4.4 CITY-ST-ZIP Palm Bay, FL 32907	
TITLE TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARKINS, WENDY		5.2 NAME Kathie Querry	
STREET ADDRESS 5607 WOOD STORK LANE		5.3 STREET ADDRESS 571 Bluefields Street SE	
CITY-ST-ZIP GRANT FL		5.4 CITY-ST-ZIP Palm Bay, FL 32909	
TITLE 	<input checked="" 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 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.

SIGNATURE _____ 407
SIGNATURE REQUIRED 20 1 4 90 12 1 3 3 3

CR2E037 (4/97)