

2002 UNIFORM BUSINESS REPORT (UBR)

6/11

FILED
Jul 22, 2002 8:00 am
Secretary of State

06-11-2002 90150 047 ****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

3174 JUPITER BLVD. S.E.
 PALM BAY FL 32909

39087

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2372549

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PESCOR, FRANK T 350 GODFREY ROAD SE PALM BAY FL 32909	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PESCOR, FRANK 350 GODFREY RD., SE PALM BAY FL 32909	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARMICHAEL, MICHAEL 1541 EMERSON DR SE PALM BAY FL 32909	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILES, CECILIA 437 SCHENLEY STREET WEST PALM BAY FL 32908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BOCKELMAN, HAROLD 807 DAYTONA DR NE PALM BAY FL 32905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOUSER, JEROME 563 BLACKHORSE STREET SE PALM BAY FL 32909	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(T) President Marge Dennison 1317 Rile Street SW Palm Bay FL 32909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(T) VICE President Harold Bockelman 807 Daytona Dr NE Palm Bay FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(T) Treasurer Kim M. Tolley 707 Carlyle Ave SE Palm Bay FL 32909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Emily Walton 1541 Gisinger Court NW Palm Bay FL 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

WILLIAM H. DIXON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02

Date

(321)
 951-0166

Daytime Phone #

CR2E037 (9/01)



Attachment
39087

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 12, 2002

JOY LUTHERAN CHURCH OF PALM BAY, INC.
3174 JUPITER BLVD., S.E.
PALM BAY, FL 32909

Subject: JOY LUTHERAN CHURCH OF PALM BAY, INC.

Reference Number: N03059

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

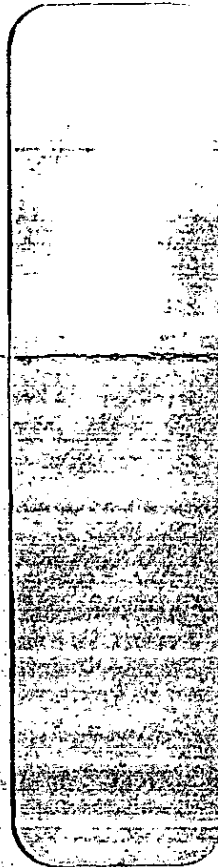
/jg
ANNUAL REPORTS SECTION

Did not receive until
6/26/02

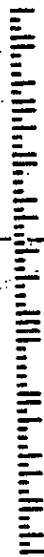
Attachment 1203089 / 39087



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314



3280944103 15



MALBE

