

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90061 042 \*\*\*\*61.25

**DOCUMENT # 753323**

1. Entity Name

**JOYFUL SPIRIT LUTHERAN CHURCH, INC.**

Principal Place of Business

**8812 OLD COUNTY RD 54  
 NEW PORT RICHEY FL 34653**

Mailing Address

**8812 OLD COUNTY RD 54  
 NEW PORT RICHEY FL 34653**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2148778**

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

**NORDSIEK, GERALD A JR REV  
 5551 WELLFIED  
 NEW PORT RICHEY FL 34655**

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 **PD** ☒ Delete  
 NAME **SILBERMANN, GEORGE**  
 STREET ADDRESS **3040 SAW MILL LANE**  
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Sharp, Ronald C.**  
 STREET ADDRESS **4531 Whitton Way**  
 CITY-ST-ZIP **New Port Richey, FL. 34653**

TITLE **SD** ☐ Delete  
 NAME **BEYER, DOROTHY**  
 STREET ADDRESS **4100 ANDOVER STREET**  
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☒ Delete  
 NAME **MORRISON, ROBERT S**  
 STREET ADDRESS **4220 REVERE CIR**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **Mitchell, August**  
 STREET ADDRESS **4624 Sheffield Drive**  
 CITY-ST-ZIP **New Port Richey, FL. 34655**

TITLE **TD** ☒ Delete  
 NAME **SHARP, RONALD C**  
 STREET ADDRESS **4531 WHITTON WAY**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Courtney, Jackie**  
 STREET ADDRESS **4525 Onorio Street**  
 CITY-ST-ZIP **New Port Richey, FL. 34653**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*Dorothy M. Beyer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2001 1-727-376-0919

Date

Daytime Phone #

CR2E037 (10/00)