

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90033 038 \*\*\*\*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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
**59-2148778**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SHARP, RONALD C</b>	
STREET ADDRESS	<b>4531 WHITTON WAY</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>BEYER, DOROTHY</b>	
STREET ADDRESS	<b>4100 ANDOVER STREET</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, AUGUST</b>	
STREET ADDRESS	<b>4624 SHEFFIELD DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>COURTNEY, JACKIE</b>	
STREET ADDRESS	<b>4525 ONORIO STREET</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	A/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sherwin M. Sharp</b>	
STREET ADDRESS	<b>4531 Whitton Way</b>	
CITY-ST-ZIP	<b>New Port Richey, FL 34653</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:** *Sherwin M. Sharp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-2002 (727) 376-0919**

Date Daytime Phone #

CR2E037 (9/01)