


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90005 032 ****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			
Zip	Country	Zip	Country	4. FEI Number 59-2148778	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NORDSIEK, GERALD A JR REV 5551 WELLFIED WELLFIELD 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARP, RONALD C		NAME		
STREET ADDRESS	4531 WHITTON WAY		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALSADA, JUDY		NAME	CALSADA, JUDY	
STREET ADDRESS	1720 BROADLEAF COURT		STREET ADDRESS	1720 BROADLEAF COURT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DALY, DARLENE		NAME	HYNES, KIRK	
STREET ADDRESS	7627 CUMBER DRIVE		STREET ADDRESS	3707 MEXICALI STREET	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	ATD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHARP, SHERWIN M		NAME	MILLINER, CAROLYN	
STREET ADDRESS	4531 WHITTON WAY		STREET ADDRESS	7802 HARDWICK DR. #1116	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	LED BETTER, DAWANE	
STREET ADDRESS			STREET ADDRESS	4442 SWALLOW TAIL DR.	
CITY-ST-ZIP			CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
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: <i>Judith A. Calzada</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/29 <small>Date</small>		
			<small>Daytime Phone #</small>		