

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90130 037 ****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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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)

5551 Wellfield Road

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
NAME **S/D
Daly, Darlene** ☐ Change ☒ Addition
STREET ADDRESS **7627 Cumber Drive**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE
NAME **VD
MITCHELL, AUGUST** ☒ Delete
STREET ADDRESS **4624 SHEFFIELD DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE
NAME **V/D
Calsada, Judy** ☐ Change ☒ Addition
STREET ADDRESS **1720 Broadleaf Court**
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE
NAME **ATO
SHARP, SHEWIN M** ☐ Delete
STREET ADDRESS **4531 WHITTON WAY**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE
NAME **Sharp, Sherwin M** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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**

1-13-2003

727-376-0919

CR2E037 (10/02)