

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90234 024 \*\*\*\*61.25

**DOCUMENT # N01000007232**

1. Entity Name

**DIAKONIA COMPASSIONATE MINISTRY, INC.**

Principal Place of Business

Mailing Address

435 MARLIN RD.  
 NORTH PALM BEACH FL 33408

P.O. BOX 14274  
 NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Bethel Lutheran Church

Suite, Apt. #, etc.

7405 SE FEDERAL HWY

City & State

HOBE SOUND, FL

4. FEI Number

65-1127407

Applied For

Not Applicable

Zip

Country

Zip

Country

33455

MARTIN

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

MCCOY, KATHLEEN S  
 555 U.S. HWY ONE  
 NORTH PALM BEACH FL 33408

Name JUDITH MEYER

Street Address (P.O. Box Number is Not Acceptable)

416 - SMILEY COURT

City WINTER HAVEN

FL

Zip Code 33884

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

Judith E. Meyer, Chairperson

4/20/02

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 D  
 NAME MCCOY, JAMES E  
 STREET ADDRESS P.O. BOX 14274  
 CITY-ST-ZIP NORTH PALM BEACH FL 33408

Delete

TITLE D  
 NAME MCCOY, KATHLEEN S  
 STREET ADDRESS P.O. BOX 14274  
 CITY-ST-ZIP NORTH PALM BEACH FL 33408

Delete

TITLE D  
 NAME RAY, MAGDALA  
 STREET ADDRESS P.O. BOX 14274  
 CITY-ST-ZIP NORTH PALM BEACH FL 33408

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE P/D  
 NAME JUDITH MEYER  
 STREET ADDRESS 416 - SMILEY COURT  
 CITY-ST-ZIP WINTER HAVEN, FL 33884

Change Addition

TITLE V/D  
 NAME EDWARD A. SCOTT  
 STREET ADDRESS 6236 - S.E. CHARLESTON PLACE #104  
 CITY-ST-ZIP HOBE SOUND, FL 33455

Change Addition

TITLE S/D  
 NAME ROSE MARIE YEAGER  
 STREET ADDRESS 6323 - FORRESTER DR  
 CITY-ST-ZIP BRADENTON, FL 34202

Change Addition

TITLE T/D  
 NAME MARCUS W. MEYER  
 STREET ADDRESS 354 - GARDEN BLVD.  
 CITY-ST-ZIP PALM BEACH GARDEN, FL 33410-4870

Change Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change 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:

MARCUS W. MEYER, TREAS.

4/15/02

561-622-1337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)