

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90070 010 ****61.25

DOCUMENT # N03059

1. Entity Name

JOY LUTHERAN CHURCH OF PALM BAY, INC.



Principal Place of Business

3174 JUPITER BLVD., S.E.
PALM BAY FL 32909

Mailing Address

3174 JUPITER BLVD., S.E.
PALM BAY FL 32909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2372549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIXON, WILLIAM H
233 N.W. PALM BAY RD
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name **BOCKELMAN, BARBARA A.**

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

807 DAYTONA DR NE

City

PALM BAY

FL

Zip Code

32905

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

Barbara A. Bockelman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/06

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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

TITLE **P** ☒ Delete
NAME **DENNISON, MARGE**
STREET ADDRESS **1317 RILA ST SE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **VP** ☒ Delete
NAME **BOCKELMAN, BARBARA**
STREET ADDRESS **807 DAYTONA DR NE**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **T** ☒ Delete
NAME **MILES, CECILIA**
STREET ADDRESS **437 SCHEN 14 ST SW**
CITY-ST-ZIP **PALM BAY FL 32908**

TITLE **S** ☒ Delete
NAME **STOKER, SUE**
STREET ADDRESS **687 COCONUT GROVE AVE**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **BOCKELMAN, BARBARA**
STREET ADDRESS **807 DAYTONA DR NE**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **VP** ☒ Change ☐ Addition
NAME **KONGSJORD, ALVIN**
STREET ADDRESS **1040 SUNSWEPT RD NE**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **T** ☒ Change ☐ Addition
NAME **TOLLEY, KIM**
STREET ADDRESS **707 CARLYLE AVE SE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **S** ☒ Change ☐ Addition
NAME **HERNDON, BARBARA**
STREET ADDRESS **893 HUNTER CREEK**
CITY-ST-ZIP **W. MELBOURNE FL 32904**

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 119, 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:

Barbara A. Bockelman

BARBARA A. BOCKELMAN

04/30/06

321-724-8620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #