

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 24 PM 12:37

DOCUMENT # **714772** (1)
1. Corporation Name
THE CHURCH OF THE ASCENSION INCORPORATED

Principal Place of Business Mailing Address
11201 COLONIAL DRIVE MIAMI FL 33157 **11201 COLONIAL DRIVE MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/14/1968** 3a. Date of Last Report **04/22/1994**

4. FBI Number **59-1458152** Applied For Not Applicable

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOPER, NORBERT M.
16605 SW 101 AVE
MIAMI FL 33157**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT
NAME	LORD, WILHELM
STREET ADDRESS	14530 SW 105 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MOORE, ETTA
STREET ADDRESS	14800 HARRISON STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ROWE, JACKIE
STREET ADDRESS	13814-2 SW 149 CIRCLE LANE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	EVANS, CLARENCE
STREET ADDRESS	17741 SW 113 CT
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	ROSS, LYDIA
STREET ADDRESS	7701 SW 180 ST
CITY - ST - ZIP	MIAMI FL
TITLE	P
NAME	COOPER, NORBERT M.
STREET ADDRESS	16125 SW 103RD PL.
CITY - ST - ZIP	MIAMI FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	DORSETT, Kelsey
2.4 CITY - ST - ZIP	11920 S. W. 134th Avenue
2.5 CITY - ST - ZIP	Miami, Fla. 33186
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	BLISSETT, Anthony
4.4 CITY - ST - ZIP	9111 S. W. 151st Avenue
4.5 CITY - ST - ZIP	Miami, Florida 33196
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norbert M. Cooper **NORBERT COOPER** May 8, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)