

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 714772 (1)

1. Corporation Name  
**THE CHURCH OF THE ASCENSION INCORPORATED**



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

3. Date Incorporated or Qualified: 06/14/1968  
3a. Date of Last Report: 05/24/1995

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 59-1458152  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

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

City & State: 23

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

Zip: 24 Country: 25 Zip: 29 Country: 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LORD, WILHELM	
STREET ADDRESS	14530 SW 105 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORSETT, KELSEY	
STREET ADDRESS	11920 SW 134TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROWE, JACKIE	
STREET ADDRESS	13814-2 SW 149 CIRCLE LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLISSETT, ANTHONY	
STREET ADDRESS	9111 SW 151ST AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, LYDIA	
STREET ADDRESS	7701 SW 180 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COOPER, NORBERT M.	
STREET ADDRESS	16125 SW 103RD PL.	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SMITH, Mabel	
1.3 STREET ADDRESS	30 N. W. 88th Street	
1.4 CITY-ST-ZIP	Miami, Florida 33150	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHNSON, Betty	
3.3 STREET ADDRESS	11620 S. W. 138th Street	
3.4 CITY-ST-ZIP	D-Miami, Florida 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	PORTER, Ernest	<input checked="" type="checkbox"/> Addition
4.2 NAME	10771 S. W. 175th Street	
4.3 STREET ADDRESS	Miami, Florida 33157	
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ASENCOR, Lorna	
5.3 STREET ADDRESS	11345 S. W. 157th Terrace	
5.4 CITY-ST-ZIP	Miami, Florida 33157	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
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 119.07(3)(k), 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 Cooper Date: 4-10-96

CR2E037 (12/95)