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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734904

1. Corporation Name
THE CHURCH OF THE INCARNATION (LUTHERAN) OF SILVER SPRINGS SHORES, OCALA, FLORIDA, INC.

Principal Place of Business 9300 SPRING RD OCALA FL 3272 2913 34472	Mailing Address 9300 SPRING RD OCALA FL 3272 2913 34472
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/06/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2925821
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BARTON, JOSEPHINE
190 OAK CIR
OCALA FL 34472

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D TRASH <input checked="" type="checkbox"/> DELETE
NAME	SALLID, JAMES
STREET ADDRESS	3940 SE 14TH PL
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GERMAN DORIS
STREET ADDRESS	598 A BAHIA CIR
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ABRAHM, JOAN
STREET ADDRESS	125 E SPRING LAKE RN
CITY-ST-ZIP	OCALA FL 34472
TITLE	P <input type="checkbox"/> DELETE
NAME	BARTON, JOSEPHINE
STREET ADDRESS	190 OAK CIR
CITY-ST-ZIP	OCALA FL 34472
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TAGNER, HERMA
STREET ADDRESS	87 LAKE COURT LOOP
CITY-ST-ZIP	OCALA FL 34472
TITLE	S <input type="checkbox"/> DELETE
NAME	WHISNER, TARA
STREET ADDRESS	31 SAPHIRE RN
CITY-ST-ZIP	OCALA FL 34472

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MILDRED F. EUBANKS
1.3 STREET ADDRESS	544-A MIDWAY DRIVE
1.4 CITY-ST-ZIP	OCALA, FL. 34472
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PRESIDENT - JEFFREY SCHULTEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	338 OAK TRACK LOOP
5.4 CITY-ST-ZIP	OCALA, FL. 34472
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 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 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, with all other like empowered.

SIGNATURE: Mildred F. Eubanks 2/2/99 687-1159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)