

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90057 013 \*\*\*\*61.25

**DOCUMENT # 734904**

1. Entity Name

**THE CHURCH OF THE INCARNATION (LUTHERAN) OF SILVER SPRINGS SHORES, OCALA, FLORIDA, INC.**

Principal Place of Business

Mailing Address

8300 SPRING RD  
 OCALA FL 34472

9300 SPRING RD  
 OCALA FL 34472

0000019013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2925821

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DENNIS MEUNIER**  
 2038 S.E. 16TH LANE  
 OCALA FL 34471

Name

**MARGARET BOWERS**

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

**11 BAHIA LOOP**

OCALA

City

**FL**

Zip Code

**34472**

7. Name and Address of New Registered Agent

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

*Margaret M. Bowers* *President*

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

(NOTE: Registered Agent signature required when reinstating)

*2/13/02*

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

TITLE NAME	<b>P</b> <b>MENIER, DENNIS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2038 S W 16TH LANE</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	

TITLE NAME	<b>D</b> <b>FRESSLER, ARCHIE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>194 HICKORY RD.</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	

TITLE NAME	<b>T</b> <b>BOWERS, MARGARET</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>11 BAHIA LOOP</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	

TITLE NAME	<b>V</b> <b>MEUNIER, DENNIS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2038 SE 16TH LN</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	

TITLE NAME	<b>T</b> <b>JACKSON, DOROTHY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>9350 BAHIA ROAD</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	

TITLE NAME	<b>S</b> <b>CHARLESTON, DORIS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>5800 S E 170 CT.</b>	
CITY-ST-ZIP	<b>OCKLAWAHA FL 32179</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P</b> <b>BOWERS MARGARET</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>11 BAHIA LOOP</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	

TITLE NAME	<b>V/D</b> <b>RICCI STEPHEN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>14 CEDAR TRACE RUN OCALA, FL 34472</b>	
CITY-ST-ZIP		

TITLE NAME	<b>S</b> <b>STRONG BARBARA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>12819 S.E. 100th AVENUE</b>	
CITY-ST-ZIP	<b>BELLEVIEW FL 34420</b>	

TITLE NAME	<b>T</b> <b>JACKSON DOROTHY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>9350 BAHIA ROAD</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	

TITLE NAME	<b>S/D</b> <b>FARNHAM FLORENCE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>11 BAHIA LOOP</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	

TITLE NAME	<b>D</b> <b>STRONG BRADLEY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>12511 S.E. 120th STREET</b>	
CITY-ST-ZIP	<b>OCKLAWAHA, FL 32179</b>	

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 817, 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:

*Dorothy Jackson* *2/13/02* *352-687-1159*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (8/01)