FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **734904** **(6)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
9000 SPRING RD OCALA FL 32672-2913	9000 SPRING RD OCALA FL 32672-2913

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1976	3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2925821	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHULTEN, JEFFREY H W. 5669 SW 7 AVE OCALA FL 34474	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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	11 TITLE	D	☑ Change ☐ Addition
NAME	~~NEALIS, RONALD~~	12 NAME	MELANIE ROSDAHL	
STREET ADDRESS	~~3071 SE 36TH PLACE~~	13 STREET ADDRESS	5 HICKORY TRACK TERR	
CITY-ST-ZIP	~~OCALA FL~~	14 CITY-ST-ZIP	OCALA, FL	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	MEUNIER, DENNIS	22 NAME		
STREET ADDRESS	2038 SE 16 LN	23 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	KROSCHE, JOAN	32 NAME		
STREET ADDRESS	599-A MIDWAY DR LOV BLDG X	33 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	SCHULTEN, JEFFREY H W.	42 NAME		
STREET ADDRESS	5669 SW 7TH AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP		
TITLE	~~TD~~	51 TITLE	TD	☑ Change ☐ Addition
NAME	~~COOL, LINDA~~	52 NAME	DONALD F WEBER	
STREET ADDRESS	~~671 SILVER COURSE CIR.~~	53 STREET ADDRESS	307 BAHIA CIRCLE	
CITY-ST-ZIP	~~OCALA FL~~	54 CITY-ST-ZIP	OCALA, FL	
TITLE		61 TITLE	D	☐ Change ☑ Addition
NAME		62 NAME	THELMA TYSON	
STREET ADDRESS		63 STREET ADDRESS	32 BAHIA CIRCLE TR	
CITY-ST-ZIP		64 CITY-ST-ZIP	OCALA FL	

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)(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.

SIGNATURE: Joan B Krosche JOAN B. KROSCHE SPCH 5/1/95 904.687.1159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000124