2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

6/24

FILED
Jul 29, 2004 8:00 am
Secretary of State
06-24-2004 90079 003 ****61.25

66430842

DOCUMENT # 734904

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

Principal Place of Business	Mailing Address
9300 SPRING RD OCALA, FL 34472	9300 SPRING RD OCALA, FL 34472

03272003 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

BOWERS, MARGARET
11 BAHIA LOOP
OCALA, FL 34472

7. Name and Address of New Registered Agent

Name REBECCA ST. LAURENT, PRES.
Street Address (P.O. Box Number is Not Acceptable) 3655 S.E. 30TH TER
City OCALA FL Zip Code 34471

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rebecca St Laurent, PRES. 6/16/04
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHARLESTON, STEVE 5800 SE 170TH CT OCKLAWAHA, FL 32179	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DON WEBER 307 BAHIA CIRCLE OCALA, FL. 34472 – V.P. ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RICCI, STEPHEN 14 CEDAR TRACE RUN OCALA, FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARY HAUGE 4605 NE 21ST CT. OCALA, FL. 34479 V.P. ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STRONG, BARBARA 14 CEDAR TRACE BEND SAINT CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FLORENCE E. PARNHAM 6997 EASY ST. OCALA, FL. 34472 – TREAS ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRONG, BRADLEY 12511 SE 120TH STREET OCKLAWAHA, FL 32179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: Florence E. Parnham, TREAS 7/16/04 352-624-1458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORENCE E. PARNHAM