

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90330 046 ****61.25

DOCUMENT # 734904

1. Entity Name

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



Principal Place of Business

9300 SPRING RD
OCALA FL 34472

Mailing Address

9300 SPRING RD
OCALA FL 34472

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

ST LAURENT, REBECCA
3655 SE 56TH TERR
OCALA FL 34471

7. Name and Address of New Registered Agent

Name **DON WEBER**

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

City **OCALA**

FL

Zip Code **34472**

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

Florence E. Parnham

Don Weber

4/11/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	V	<input type="checkbox"/> Delete
NAME	WEBER, DON	
STREET ADDRESS	307 BAHIA CIRCLE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RICCI, STEPHEN	
STREET ADDRESS	14 CEDAR TRACE RUN	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	SD -	<input type="checkbox"/> Delete
NAME	STRONG, BARBARA	
STREET ADDRESS	14 CEDAR TRACE BEND	
CITY-ST-ZIP	SAINT CLOUD FL 34772	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRONG, BRADLEY	
STREET ADDRESS	12511 SE 120TH STREET	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MAUGE, GARY	
STREET ADDRESS	4605 NE 21ST CT	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARNHAM, FLORENCE E	
STREET ADDRESS	6997 EASY ST	
CITY-ST-ZIP	OCALA FL 34472	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3 SAME	
CITY-ST-ZIP		
TITLE	V. PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN HANEY	
STREET ADDRESS	10861 S.E. 72ND TER	
CITY-ST-ZIP	DELEVILLE, FL 34420	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FIN. SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLINE BUCCOLO	
STREET ADDRESS	493 EMERALD RD.	
CITY-ST-ZIP	OCALA, FL 34430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/11/05

352/687-1159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #