

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000471

**FILED**  
**Mar 28, 2017**  
**Secretary of State**  
**CC8645570094**

**Entity Name:** ASCENSION WORSHIP, INC.

**Current Principal Place of Business:**

11745 V C JOHNSON RD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

PO BOX 11173  
JACKSONVILLE, FL 32239 US

**FEI Number:** 27-1880115

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILEY, JAMES HJR  
11745 V C JOHNSON RD  
JACKSONVILLE, FL 32218 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO  
Name            MILEY, JAMES HJR.  
Address        11745 V C JOHNSON RD  
City-State-Zip: JACKSONVILLE FL 32218

Title            COO  
Name            FOSTER, MARK AJR.  
Address        15487 TURKOMAN CIRCLE  
City-State-Zip: JACKSONVILLE FL 32218

Title            VP  
Name            CALLAWAY, JAMES P  
Address        11691 DONATO DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK A. FOSTER

COO

03/28/2017

Electronic Signature of Signing Officer/Director Detail

Date