FILE	NOW:	<b>FILING</b>	FEE IS	\$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 

DIVISION OF CORPORATIONS

1996

Principal Place of Business

351 ASCENSION DRIVE

CASSELBERRY FL 32707-3801

DOCUMENT # 701739

(5)

Mailing Address

351 ASCENSION DRIVE

CASSELBERRY FL 32707-3801

ASCENSION LUTHERAN CHURCH OF CASSELBERRY, INC.

				<ol> <li>Date Incorporated or Qualified 12/01/1960</li> </ol>		
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number 59-6140406	Applied For	
21		26	26		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Z <del>i</del> p	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,	
24	25	29	[30]		] Yes □ No	
<u> </u>	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Ro	egistered Agent	
			81 Name	Gordon Rohloff		
	NS, LELAND		B2 Street A	address (P.O. Box Number is Not Acceptable	le)	
	EPHANIE CT.			705 Andover Circle	<b>5</b> ,	
LAKE I	MARY FL 32748		83	T 186	-	
			84 City		In I make the	
			1 1	Winter Springs	FL 85 Zip Code 32708-6113	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s the shove-named con	paration submits this statement for the nurs	nose of changing its registered office	
I OFFECISIE	eredingent, or both, in the State of Flor vith, and accept the objications of Sec	ida. Such change was authorize	d by the corporation's b	poard of directors. I hereby accept the appo	intment as registered agent. I am	
SIGNATURE		werr of throods, Florida blacklas,		2/12/0		
SIGNATURE	71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	it and title if applicable (NOT	F: Registered Agent signature req	3/12/9 gulred when reinstating)	DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	TO	DELETE	1.1 TITLE	PRESIDENT	Change Addition	
NAME	WATKINS, LELAND		1.2 NAME			
STREET ADDRESS	520 STEPRANIE CT.		1.3 STREET ADDRESS	ROHLOFF, GORDON		
CITY - ST - ZIP	LAKE MARY FL		1.4 CITY - ST - ZIP	705 ANDOVER CIRCLE WINTER SPRINGS, FL		
TITLE	*40	<b>₩</b> DELE1E	2.1 TITLE	•	Change Addition	
NAME	ROPLOFF, GORDON		2.2 NAME	VICE PRESIDENT		
STREET ADDRESS			2.3 STREET ADDRESS	ERIK JENSEN		
CITY-ST-ZIP	WINTER SPRINGS FL		2. 4 City-St-ZiP	1205 Alton Drive		
TITLE	SD	□DELETE	3 1 TITLE	Apopka, FL 32703	Change Addition	
NAME	STEIGR, BEVERLY	_	3	SD _		
STREET ADDRESS			3.3 STREET ADDRESS	BEVERLY STEI	6 ER	
CITY-ST-ZIP	WINTER PARK FL		3.4. CITY-ST-ZIP	1651 OAKHURSHA	UE	
TITLE	T	DELETE	4.1 TITLE	BEVERLY STEI 1651 OAKHURSTA WINTER PARK	FL GOAge / 8 Philiting	
NAME	MULLER, ROBERT		4. 2 NAME	, ( ·	- Security	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL					
TITLE	CONONICODIL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
NAME		Decen		TD		
			5.2 NAME	ROBERT MULLI		
STREET ADDRESS	1		5.3 STREET ADDRESS	- リス ワカクレームとりょん	4 C+ 117	

54 CITY-ST-ZIP

63 STREET ADDRESS

61 TITLE

62 NAME

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)(k), 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.

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ME OF SIGNING OFFICER OR DIRECTOR

GORDON ROHLOFF

100001838131 -05/24/96--01028--002

3/12/96

Daytime Phone #

CR2E037 (12/9