

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701739** (5)
1. Corporation Name
ASCENSION LUTHERAN CHURCH OF CASSELBERRY, INC.



Principal Place of Business 351 ASCENSION DRIVE CASSELBERRY FL 32707-3801	Mailing Address 351 ASCENSION DRIVE CASSELBERRY FL 32707-3801
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3. Date Incorporated or Qualified 12/01/1960	
4. FEI Number 59-6140406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ROHLOFF, GORDON
705 ANDOVER CIR.
WINTER SPRINGS FL 32708-6113**

10. Name and Address of New Registered Agent

81 Name RICHARD NEUBAUER
82 Street Address (P.O. Box Number Is Not Acceptable) 304 WYNHAM WAY
83
84 City CASSELBERRY
85 Zip Code FL 32707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Richard G. Neubauer Richard G. Neubauer 4/19/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT - DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHLOFF, GORDON	1.2 NAME	RICHARD NEUBAUER
STREET ADDRESS	705 ANDOVER CIR.	1.3 STREET ADDRESS	304 WYNHAM WAY
CITY-ST-ZIP	WINTER SPRINGS FL 32708-6113	1.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. - DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, ERIK	2.2 NAME	MARY ANN MASSOL
STREET ADDRESS	1205 ALTON DR.	2.3 STREET ADDRESS	500 MORNING DOVE CIRCLE
CITY-ST-ZIP	APOPKA FL 32703	2.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECT. - DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIGER, BEVERLY	3.2 NAME	CAROL GRAVES
STREET ADDRESS	1651 OAKHURST AVE.	3.3 STREET ADDRESS	515 SUNRISE DRIVE
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAACSON, DAVID	4.2 NAME	
STREET ADDRESS	873 BARRINGTON CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: DAVID ISAACSON, TREASURER 4/14/98 407-831-7788

CR2E037 (10/97)