

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 701739

FILED
Feb 05, 2002 8:00 AM
Secretary of State

Entity Name: ASCENSION LUTHERAN CHURCH OF CASSELBERRY, INC.

Current Principal Place of Business:

351 ASCENSION DRIVE
CASSELBERRY, FL 327073801

New Principal Place of Business:

Current Mailing Address:

351 ASCENSION DRIVE
CASSELBERRY, FL 327073801

New Mailing Address:

FEI Number: 59-6140406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASSOLL, DUANE
500 MOURNING DOVE CIRCLE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

MCDONNELL, PETER W
865 COPPERFIELD TERRACE
CASSELBERRY, FL 32707 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: PETER W. MCDONNELL

02/05/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASSOLL, DUANE
Address: 500 MOURNING DOVE CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: VD () Delete
Name: MCDONNELL, PETER W
Address: 865 COPPERFIELD TERRACE
City-St-Zip: CASSELBERRY, FL 32707

Title: SD () Delete
Name: GRAVES, CAROL
Address: 515 SUNRISE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: ISAACSON, DAVID
Address: 673 BARRINGTON CIRCLE
City-St-Zip: WINTER SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCDONNELL, PETER
Address: 865 COPPERFIELD TERRACE
City-St-Zip: CASSELBERRY, FL 32707

Title: VD (X) Change () Addition
Name: BERG, CHARLES
Address: 1690 KINGSTON ROAD
City-St-Zip: LONGWOOD, FL 32750

Title: SD (X) Change () Addition
Name: KRUPINSKI, DIANA
Address: 513 EAGLE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: TD (X) Change () Addition
Name: ISAACSON, DAVID A
Address: 673 BARRINGTON CIRCLE
City-St-Zip: WINTER SPRINGS, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID A. ISAACSON

TD

02/05/2002

Electronic Signature of Signing Officer or Director

Date