

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701739

FILED
Jan 06, 2004
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:

BERG, CHARLES
1690 KINGSTON ROAD
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERG, CHARLES
Address: 1690 KINGSTON ROAD
City-St-Zip: LONGWOOD, FL 32750

Title: VD () Delete
Name: THOMASON, STEVE
Address: 3812 NEEDLES DRIVE
City-St-Zip: ORLANDO, FL 32810

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/06/2004

Electronic Signature of Signing Officer or Director

Date