2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# 701739

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 ( )**

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:	TD	(X) Change ( ) Addition
Name:	MASSOLL, DUANE	
Address:	500 MOURNING DOVE CIRCLE	
City-St-Zip:	LAKE MARY, FL 32746	

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 ISAACSON BM 01/04/2005

Electronic Signature of Signing Officer or Director — Date