2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701739

FILED Mar 08, 2006 Secretary of State

Entity Name: ASCENSION LUTHERAN CHURCH OF CASSELBERRY, INC.

Current Principal Place of Business: New Principal Place of Business:

351 ASCENSION DRIVE CASSELBERRY, FL 327073801

Current Mailing Address: New Mailing Address:

351 ASCENSION DRIVE CASSELBERRY, FL 327073801

FEI Number: 59-6140406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERG, CHARLES

1690 KINGSTON ROAD
LONGWOOD, FL 32750 US

THOMASON, STEVEN E
3812 NEEDLES DR.
ORLANDO, FL 32810 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: STEVEN E THOMASON 03/08/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 BERG, CHARLES
 Name:
 THOMASON, STEVEN E

 Address:
 1690 KINGSTON ROAD
 Address:
 3812 NEEDLES DR

 Address:
 1690 KINGSTON ROAD
 Address:
 3812 NEEDLES DR

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:
 ORLANDO, FL 32810

Title: VD () Delete Title: VD (X) Change () Addition Name: THOMASON, STEVE Name: SIMS, RALEIGH N

Address: 3812 NEEDLES DRIVE Address: 638 BLENHEIM LOOP
City-St-Zip: ORLANDO, FL 32810 City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD () Delete Title: SD (X) Change () Addition Name: KRUPINSKI, DIANA Name: NOWICKI, SARAH E

Address: 513 EAGLE CIRCLE Address: 985 WILLOW RUN LANE
City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: WINTER SPRINGS, FL 32708

 Name:
 MASSOLL, DUANE
 Name:
 SPARK, RICHARD M

 Address:
 500 MOURNING DOVE CIRCLE
 Address:
 378 HAVERLAKE

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RICHARD M SPARK TD 03/08/2006