

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714772 (1)
1. Corporation Name

THE CHURCH OF THE ASCENSION INCORPORATED



Principal Place of Business: 11201 COLONIAL DRIVE MIAMI FL 33157
Mailing Address: 11201 COLONIAL DRIVE MIAMI FL 33157

3. Date Incorporated or Qualified: 06/14/1968
3a. Date of Last Report: 05/24/1995
4. FEI Number: 59-1458152
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
COOPER, NORBERT M.
16605 SW 101 AVE
MIAMI FL 33157

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and Florida domicile (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LORD, WILHELM	
STREET ADDRESS	14530 SW 105 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORSETT, KELSEY	
STREET ADDRESS	11920 SW 134TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROWE, JACKIE	
STREET ADDRESS	13814-2 SW 149 CIRCLE LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLISSETT, ANTHONY	
STREET ADDRESS	9111 SW 151ST AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, LYDIA	
STREET ADDRESS	7701 SW 180 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COOPER, NORBERT M.	
STREET ADDRESS	16125 SW 103RD PL.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	SMITH, Mabel	
13 STREET ADDRESS	30 N. W. 88th Street	
14 CITY-ST-ZIP	Miami, Florida 33150	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	JOHNSON, Betty	
33 STREET ADDRESS	11620 S. W. 138th Street	
34 CITY-ST-ZIP	D-Miami, Florida 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	PORTER, Ernest	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	10771 S. W. 175th Street	
44 CITY-ST-ZIP	Miami, Florida 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ASENCOR, Lorna	
53 STREET ADDRESS	11345 S. W. 157th Terrace	
54 CITY-ST-ZIP	Miami, Florida 33157	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Norbert Cooper Date: 4-10-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)