## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#714772**

FILED Jul 24, 2007 Secretary of State

Entity Name: THE CHURCH OF THE ASCENSION INCORPORATED

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
11201 COI MIAMI, FL	LONIAL DRIVE 33157			
Current M	lailing Address:	New Mailing Address:		
11201 COI MIAMI, FL	LONIAL DRIVE 33157			
In accordan	: 59-2298235 FEI Number Applied For ( ) ice with s. 607.193(2)(b), F.S., the corporation d I Address of Current Registered Agent	FEI Number Not Applicable ( ) Certificate of Status Desired ( I not receive the prior notice.  Name and Address of New Registered Agent:	)	
COOPER,	NORBERT M. 104TH AVE	Nume and Address of New Registered Agents		
	named entity submits this statement for t e of Florida.	e purpose of changing its registered office or registered agent, or	both,	
SIGNATUI		Dete		
	Electronic Signature of Registered			
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOR	
Title: Name: Address: City-St-Zip:	T () Delete GILCHRIST, HUGH 15050 SW 153 PLACE MIAMI, FL 33196 DA	Title: T (X) Change ( ) Addition Name: GILCHRIST, HUGH L MR. Address: 15050 SW 153 PLACE City-St-Zip: MIAMI, FL 33196 DA		
Title: Name: Address: City-St-Zip:	D ( ) Delete SAUNDERS, PHYLLIS 6450 SW 144 STREET MIAMI, FL 33158 DA	Title: D (X) Change () Addition Name: LYDIA, ROSS DR. Address: 9588 SW 67TH COURT City-St-Zip: MIAMI, FL 33156 DA		
Title: Name: Address: City-St-Zip:	D ( ) Delete BERKELEY, GEORGE 10782 SW 165 TERRACE MIAMI, FL 33157 DA	Title: D (X) Change ( ) Addition Name: ROOMES, SAMUEL MR. Address: 8681 SW 200TH STREET City-St-Zip: MIAMI, FL 33189 DA		
Title: Name: Address: City-St-Zip:	C () Delete LEWIS, VALDA 20278 SW 208 TERRACE MIAMI, FL 33189 DA	Title: C (X) Change ( ) Addition Name: LEWIS, VALDA MS. Address: 20278 SW 208 TERRACE City-St-Zip: MIAMI, FL 33189 DA		
Title: Name: Address: City-St-Zip:	P ( ) Delete COOPER, NORBERT M., 15761 SW 104TH AVE MIAMI, FL 33157 DA	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	( ) Delete	Title: D ( ) Change (X) Addition Name: BROWN, ARLENE MRS. Address: 8830 SW 204TH STREET City-St-Zip: MIAMI, FL 33189 DA		

I hereby certify that the information supplied with this filing does not qualify 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: HUGH GILCHRIST T 07/24/2007