

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 10:15

DOCUMENT # 734904 (6)

1. Corporation Name

THE CHURCH OF THE INCARNATION (LUTHERAN) OF SILVER SPRINGS SHORES, OCALA, FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9000 SPRING RD
OCALA FL 32672-2913

9000 SPRING RD
OCALA FL 32672-2913

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1976

3a. Date of Last Report

02/16/1994

4. FEI Number

59-2925821

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTEN, JEFFREY H W.
5669 SW 7 AVE
OCALA FL 34474

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~D~~
NAME ~~NEALIS, RONALD~~
STREET ADDRESS 3074 SE 30TH PLACE
CITY - ST - ZIP OCALA FL

11 TITLE ~~D~~
12 NAME MELANIE ROSDAHL
13 STREET ADDRESS 5 HICKORY TRACK TERR
14 CITY - ST - ZIP OCALA, FL ☒ Change ☐ Addition

TITLE VD
NAME MEUNIER, DENNIS
STREET ADDRESS 2038 SE 16 LN
CITY - ST - ZIP OCALA FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE S
NAME KROSCHKE, JOAN
STREET ADDRESS 599-A MIDWAY DR LOV BLDG X
CITY - ST - ZIP OCALA FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE PD
NAME SCHULTEN, JEFFREY H W.
STREET ADDRESS 5669 SW 7TH AVE.
CITY - ST - ZIP OCALA FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ~~JD~~
NAME ~~GOOL, LINDA~~
STREET ADDRESS ~~671 SILVER COURSE CIR.~~
CITY - ST - ZIP ~~OCALA FL~~

51 TITLE ~~TD~~
52 NAME DONALD F WEBER
53 STREET ADDRESS 307 BAHIA CIRCLE
54 CITY - ST - ZIP OCALA, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ~~D~~
62 NAME THELMA TYSON
63 STREET ADDRESS 32 BAHIA CIRCLE TR
64 CITY - ST - ZIP OCALA, FL ☐ Change ☒ Addition

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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOAN B. KROSCHKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 904-687-1159
Date Signature (Phone #)