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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 734904 (6)

1. Corporation Name

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



Principal Place of Business

Mailing Address

9300 SPRING RD
OCALA FL 32672-2913

9300 SPRING RD
OCALA FL 32672-2913

3. Date Incorporated or Qualified

02/06/1976

3a. Date of Last Report

05/01/1995

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

WEBER, DON F.

82 Street Address (P.O. Box Number is Not Acceptable)

9300 Spring Rd

83

84 City

OCALA

FL

85 Zip Code

34472

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

Don F. Weber

2/15/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSDAHL, MELANIE	
STREET ADDRESS	5TH HICKORY TRACK TERR	
CITY - ST - ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEUNIER, DENNIS	
STREET ADDRESS	2038 SE 16 LN	
CITY - ST - ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KROSCHKE, JOAN	
STREET ADDRESS	599-A MIDWAY DR LOV BLDG X	
CITY - ST - ZIP	OCALA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTEN, JEFFREY H W.	
STREET ADDRESS	5669 SW 7TH AVE.	
CITY - ST - ZIP	OCALA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEBER, DONALD F	
STREET ADDRESS	307 BAHIA CIRCLE	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TYSON, THELMA	
STREET ADDRESS	32 BAHIA CIRCLE TR	
CITY - ST - ZIP	OCALO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	President
5.3 STREET ADDRESS	Webber, Don F
5.4 CITY - ST - ZIP	307 Bahia C. Ocala, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Don F. Weber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96

687-1159

Date

Daytime Phone

CR2E037 (12/95)