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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

9300 SPRING RD  
OCALA FL 32672-2813

Mailing Address

9300 SPRING RD  
OCALA FL 34472-2813

3. Date Incorporated or Qualified  
02/06/1976

3a. Date of Last Report  
02/19/1996

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

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

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBER, DON F.  
9300 SPRING ROAD  
OCALA FL 34472

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

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 checked="" type="checkbox"/> DELETE
NAME	ROSDAHL, MELANIE	
STREET ADDRESS	5TH HICKORY TRACK TERR	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input checked="" 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	P	<input 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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SAULLO, JAMES	
1.3 STREET ADDRESS	3940 SE 14TH PL	
1.4 CITY-ST-ZIP	OCALA FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GERMANDORIS	
2.3 STREET ADDRESS	598 A BAHIA CIRCLE	
2.4 CITY-ST-ZIP	OCALA FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FISSLER, JOAN K.	
3.3 STREET ADDRESS	194 HICKORY RD.	
3.4 CITY-ST-ZIP	OCALA FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICCI, STEPHEN	
4.3 STREET ADDRESS	14 CEDAR TRACE RUN	
4.4 CITY-ST-ZIP	OCALA FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NEALIS, LDU	
5.3 STREET ADDRESS	3071 SE 36TH PLACE	
5.4 CITY-ST-ZIP	OCALA FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ANDERSON, COLLEEN	
6.3 STREET ADDRESS	3678 SE 26TH CT	
6.4 CITY-ST-ZIP	OCALA FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joan K. Fessler (JOAN K. FIESSLER) 2/25/97 352-687 1159  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0085733

CR2E037 (9/96)