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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2925821

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

Josephine Barton

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

190 Oak Circle

83

OCALA

84 City

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

Josephine Barton

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

☐ DELETE

NAME

SAULLO, JAMES

STREET ADDRESS

3940 SE 14TH PL

CITY-ST-ZIP

OCALA FL

TITLE

D

☐ DELETE

NAME

GERMAN DORIS

STREET ADDRESS

598 A BAHIA CIR

CITY-ST-ZIP

OCALA FL

TITLE

D

☒ DELETE

NAME

FISSLER, JOAN K

STREET ADDRESS

194 HICKORY RD

CITY-ST-ZIP

OCALA FL

TITLE

P

☒ DELETE

NAME

WEBER, DONALD F

STREET ADDRESS

307 BAHIA CIRCLE

CITY-ST-ZIP

OCALA FL

TITLE

D

☒ DELETE

NAME

TYSON, THELMA

STREET ADDRESS

32 BAHIA CIRCLE TR

CITY-ST-ZIP

OCALO FL

TITLE

S

☒ DELETE

NAME

ANDERSON, COLLEEN

STREET ADDRESS

3678 SE 28TH CT

CITY-ST-ZIP

OCALA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☒ Change ☐ Addition

14. I 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:

Josephine Barton

2/23/98

CP2E037 (10/97)