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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734904

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 34472-2913

Mailing Address

9300 SPRING RD
OCALA FL 34472-2913



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/06/1976

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

9. Name and Address of Current Registered Agent

BARTON, JOSEPHINE
190 OAK CIR
OCALA FL 34472

10. Name and Address of New Registered Agent

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

TITLE ☒ DELETE
NAME SAULLD, JAMES
STREET ADDRESS 3940 SE 14TH PL
CITY-ST-ZIP OCALA FL

TITLE ☐ DELETE
NAME GERMAN DORIS
STREET ADDRESS 598 A BAHIA CIR
CITY-ST-ZIP OCALA FL

TITLE ☐ DELETE
NAME ABRAHM, JOAN
STREET ADDRESS 125 E SPRING LAKE RN
CITY-ST-ZIP OCALA FL 34472

TITLE ☐ DELETE
NAME BARTON, JOSEPHINE
STREET ADDRESS 190 OAK CIR
CITY-ST-ZIP OCALA FL 34472

TITLE ☒ DELETE
NAME TACNER, HERMA
STREET ADDRESS 87 LAKE COURT LOOP
CITY-ST-ZIP OCALA FL 34472

TITLE ☐ DELETE
NAME WHISNER, TARA
STREET ADDRESS 31 SAPHIRE RN
CITY-ST-ZIP OCALA FL 34472

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER ☒ Change ☐ Addition
1.2 NAME MILDRED F. EUBANKS
1.3 STREET ADDRESS 544-A MIDWAY DRIVE
1.4 CITY-ST-ZIP OCALA, FL 34472

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE PRESIDENT-JEFFREY SCHULTEN ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 338 OAK TRACK LOOP
5.4 CITY-ST-ZIP OCALA, FL 34472

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Mildred F. Eubanks

2/2/99

687-1159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)