

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90042 040 ****61.25

DOCUMENT # 734904

1. Entity Name

THE CHURCH OF THE INCARNATION (LUTHERAN) OF SILV

Principal Place of Business

Mailing Address

9300 SPRING RD
 Ocala FL 34472

9300 SPRING RD
 Ocala FL 34472-2913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2925821

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTON, JOSEPHINE
 190 OAK CIR
 Ocala FL 34472

Name **SCHULTEN, SR., JEFFREY**

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

5669 S.W. 7th AVENUE

City **OCALA, FL.**

FL

Zip Code **34474**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Handwritten Signature]

JEFFREY SCHULTEN, SR.

4-10-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	EUBANKS, MILDRED F	
STREET ADDRESS	544 A MIDWAY DR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GERMAN DORIS	
STREET ADDRESS	598 A BAHIA CIR	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABRAHM, JOAN	
STREET ADDRESS	125 E SPRING LAKE RN	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BARTON, JOSEPHINE	
STREET ADDRESS	190 OAK CIR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULTEN, JEFFREY	
STREET ADDRESS	338 OAK TRACK LOOP	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHISNER, TARA	
STREET ADDRESS	31 SAPHIRE RN	
CITY-ST-ZIP	OCALA FL 34472	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISSLER, ARCHIE	
STREET ADDRESS	194 HICKORY ROAD	
CITY-ST-ZIP	OCALA, FL. 34472	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, SHIRLEY	
STREET ADDRESS	3209 S.E. 39 th AVENUE	
CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEALIS, RONALD	
STREET ADDRESS	3071 S.E. 36 th PLACE	
CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEUNIER, DENNIS	
STREET ADDRESS	2038 S.E. 16 th LANE	
CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTEN, JEFFREY (SR.)	
STREET ADDRESS	5669 S.W. 7 th AVENUE	
CITY-ST-ZIP	OCALA, FL. 34474	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHISNER, TARA	
STREET ADDRESS	31 SAPHIRE RN	
CITY-ST-ZIP	OCALA, FL. 34472	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Mildred F. Eubanks

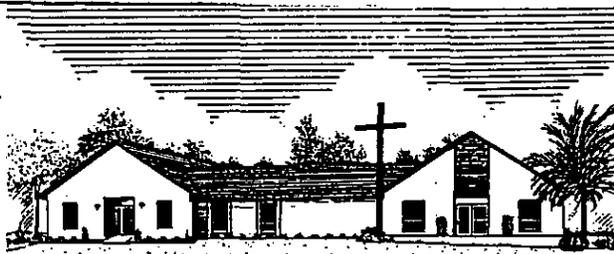
687-1159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-10-00** Daytime Phone #

CR2E037 (9/99)

734904
10067601



FEI NUMBER
59-2925821

THE Church of The Incarnation

9300 SPRING ROAD
OCALA, FL. 34472
(Silver Springs Shores, FL)

DOCUMENT # 734904

2000 UNIFORM BUSINESS REPORT

BLOCK II.

TITLE D

NAME RETZLAFF, CARL

STREET ADDRESS 101 HICKORY LOOP

CITY- ST- ZIP Ocala- FL- 34472

BLOCK II.

TITLE D

NAME RAY, JUDY

STREET ADDRESS 10685 S.E. 95th TERR.

CITY- ST- ZIP BELLEVUE- F- 34420
