

# 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

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. 7<sup>th</sup> 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

**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** ☐ Delete  
 NAME **EUBANKS, MILDRED F**  
 STREET ADDRESS **544 A MIDWAY DR**  
 CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☐ Change ☒ Addition  
 NAME **FISSLER, ARCHIE**  
 STREET ADDRESS **194 HICKORY ROAD**  
 CITY-ST-ZIP **OCALA, FL. 34472**

TITLE **D** ☒ Delete  
 NAME **GERMAN DORIS**  
 STREET ADDRESS **598 A BAHIA CIR**  
 CITY-ST-ZIP **OCALA FL**

TITLE **S** ☐ Change ☒ Addition  
 NAME **BRADLEY, SHIRLEY**  
 STREET ADDRESS **3209 S.E. 39<sup>th</sup> AVENUE**  
 CITY-ST-ZIP **OCALA, FL. 34471**

TITLE **D** ☒ Delete  
 NAME **ABRAHM, JOAN**  
 STREET ADDRESS **125 E SPRING LAKE RN**  
 CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☐ Change ☒ Addition  
 NAME **NEALIS, RONALD**  
 STREET ADDRESS **3071 S.E. 36<sup>th</sup> PLACE**  
 CITY-ST-ZIP **OCALA, FL. 34471**

TITLE **P** ☒ Delete  
 NAME **BARTON, JOSEPHINE**  
 STREET ADDRESS **190 OAK CIR**  
 CITY-ST-ZIP **OCALA FL 34472**

TITLE **V** ☐ Change ☒ Addition  
 NAME **MEUNIER, DENNIS**  
 STREET ADDRESS **2038 S.E. 16<sup>th</sup> LANE**  
 CITY-ST-ZIP **OCALA, FL. 34471**

TITLE **D** ☐ Delete  
 NAME **SCHULTEN, JEFFREY**  
 STREET ADDRESS **338 OAK TRACK LOOP**  
 CITY-ST-ZIP **OCALA FL 34472**

TITLE **P** ☒ Change ☐ Addition  
 NAME **SCHULTEN, JEFFREY (SR.)**  
 STREET ADDRESS **5669 S.W. 7<sup>th</sup> AVENUE**  
 CITY-ST-ZIP **OCALA, FL. 34474**

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

TITLE **D** ☒ Change ☐ 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**

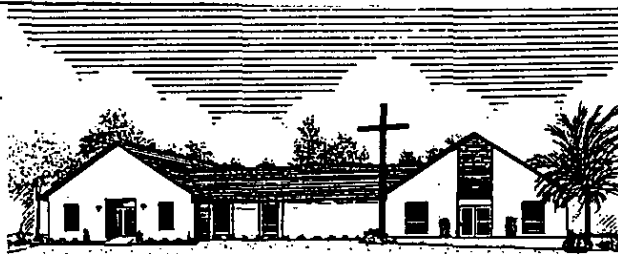
**687-1159**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E037 (9/99)

734 904  
10067601



FEI NUMBER  
59-292 5821  
THE Church of the Incarnation

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

DOCUMENT # 734904  
2000 UNIFORM BUSINESS REPORT

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BLOCK II.

TITLE D

NAME RETZLAFF, CARL

STREET ADDRESS 101 HICKORY LOOP

CITY- ST- ZIP Ocala- FL- 34472

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BLOCK II.

TITLE D

NAME RAY, JUDY

STREET ADDRESS 10685 S.E. 95<sup>th</sup> TERR.

CTY- ST- ZIP BELLEVUE- F- 34420

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