

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

0078795

DOCUMENT # 734904

1. Entity Name

THE CHURCH OF THE INCARNATION (LUTHERAN) OF SILV

03-20-2001 90036 034 ****61.25

Principal Place of Business 9300 SPRING RD OCALA FL 34472	Mailing Address 9300 SPRING RD OCALA FL 34472
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2925821	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SCHULTEN, JEFFREY SR.
5669 SW 7TH AVE
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name: **DENNIS MEUNIER**
 Street Address (P.O. Box Number is Not Acceptable): **2038 S E 16TH LANE**
 City: **OCALA** FL Zip Code: **34471**

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: *Dennis Meunier* **DENNIS MEUNIER** DATE: **2/20/01**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EUBANKS, MILDRED F	
STREET ADDRESS	544 A MIDWAY DR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISSLER, ARCHIE	
STREET ADDRESS	194 HICKORY RD.	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEALIS, RONALD	
STREET ADDRESS	3071 SE 36 PL	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEUNIER, DENNIS	
STREET ADDRESS	2038 SE 16TH LN	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHULTEN, JEFFREY	
STREET ADDRESS	5669 SW 7TH AVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHISNER, TARA	
STREET ADDRESS	31 SAPHIRE RN	
CITY-ST-ZIP	OCALA FL 34472	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEUNIER, DENNIS	
STREET ADDRESS	2038 S E 16TH LANE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWERS, MARGARET	
STREET ADDRESS	11 BAHIA LOOP	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, DOROTHY	
STREET ADDRESS	9350 BAHIA ROAD	
CITY-ST-ZIP	OCALA FL, 34472	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLESTON, DORIS	
STREET ADDRESS	5800 S E 170 CT.	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, JUDY	
STREET ADDRESS	10685 S E 95 TERRACE	
CITY-ST-ZIP	BELLVIEW, FL 34420	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RETZLAFF, CARL	
STREET ADDRESS	101 HICKORY LOOP	
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: *Dorothy Jackson* **DOROTHY JACKSON** DATE: **2/20/01** DAYTIME PHONE #: **(352) 687-1159**

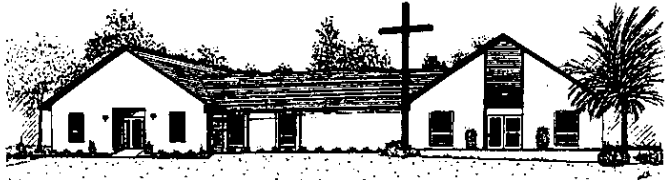
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

The Church of the Incarnation

Doc. # 734904

731767



Silver Springs Shores
9300 Spring Road
Ocala, Florida 34472

Office (352) 687-1159

DOCUMENT # 734904

FEI# 59-2925821

(CONTINUED)

D
RORVIK, DORIS
489-A MIDWAY DRIVE
OCALA, FL 34472

CHANGE

ADDITION

X

D
MEUNIER, JUDY
2038 S.E. 16TH LANE
OCALA, FL 34471

X