

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

06-24-2004 90079 003 ****61.25

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03272003 Chg-NP CP2E037 (10/03)

DOCUMENT # 734904

1. Entity Name
THE CHURCH OF THE INCARNATION (LUTHERAN) OF SILVER SPRINGS SHORES, Ocala, Florida, Inc.



Principal Place of Business
 9300 SPRING RD
 Ocala, FL 34472

Mailing Address
 9300 SPRING RD
 Ocala, FL 34472

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 Fees Required

6. Name and Address of Current Registered Agent

BOWERS, MARGARET
 11 BAHIA LOOP
 Ocala, FL 34472

7. Name and Address of New Registered Agent

Name **REBECCA ST. LAURENT, PRES.**

Street Address (P.O. Box Number is Not Acceptable)
3655 S.E. 50TH TER

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rebecca St Laurent, PRES. DATE 6/16/04

Signature (Hand or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CHARLSTON, STEVE 5800 SE 170TH CT Ocklawaha, FL 32179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T RICCI, STEPHEN 14 CEDAR TRACE RUN OCALA, FL 34472	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD STRONG, BARBARA 14 CEDAR TRACE BEND SAINT CLOUD, FL 34772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STRONG, BRADLEY 12511 SE 120TH STREET OCKLAWAHA, FL 32179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DON WEBER 307 BAHIA CIRCLE OCALA, FL 34472 - V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	GARY HAUGE 4605 NE 21ST CT. OCALA, FL 34479 V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	FLORENCE E. PARNHAM 6997 EASY ST. OCALA, FL 34472 - TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employees.

SIGNATURE: Florence E. Parnham, TREAS DATE 7/16/04 352-624-1458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORENCE E. PARNHAM