

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

6/2

66430842



03272003 Chg-NP CP2E037 (11/03)

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DON WEBER 307 BAHIA CIRCLE OCALA, FL 34472 - V.P.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	GARY HAUGE 4605 NE 21ST CT. OCALA, FL 34479 V.P.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	FLORENCE E. PARNHAM 6997 EASY ST. OCALA, FL 34472 - TREAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *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