

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90077 003 ****70.00



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 - No P.O. Box #: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country



1st MOORE CR2E037 (10/06)

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
WEBER, DON
307 BAHIA CIRCLE
OCALA FL 34472

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ DATE: _____
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 Due By May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: WEBER, DON STREET ADDRESS: 307 BAHIA CIRCLE CITY-ST-ZIP: OCALA FL 34472	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: HANEY, MARTIN STREET ADDRESS: 10861 SE 72ND TERR CITY-ST-ZIP: BELLEVIEW FL 34420	<input checked="" type="checkbox"/> Delete	TITLE: v/d NAME: FULLER, MAURICE STREET ADDRESS: 591-A Fairways Circle CITY-ST-ZIP: Ocala, Florida 34472-2255	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: STRONG, BARBARA STREET ADDRESS: 14 CEDAR TRACE BEND CITY-ST-ZIP: SAINT CLOUD FL 34772	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: STRONG, BRADLEY STREET ADDRESS: 12511 SE 120TH STREET CITY-ST-ZIP: OCKLAWAHA FL 32179	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: BUCCOLO, CAROLINE STREET ADDRESS: 493 EMERALD RD CITY-ST-ZIP: OCALA FL 34420	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: PARNHAM, FLORENCE E STREET ADDRESS: 6997 EASY ST CITY-ST-ZIP: OCALA FL 34472	<input type="checkbox"/> Delete	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 exemptions contained in Section 119, 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* 4/27/07 352-687-1159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #