2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742977

FILED Jan 28, 2008 Secretary of State

Entity Name: ASCENSION EVANGELICAL LUTHERAN CHURCH OF SARASOTA, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 800 MCINTOSH RD SARASOTA, FL 34232 **Current Mailing Address: New Mailing Address:** 800 MCINTOSH RD SARASOTA, FL 34232 FEI Number: 59-1747941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIELKE, N. MARTIN 4375 ARRÓW AVENUE SARASOTA, FL 34232 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KURTH, JOSEPH RAUH, BRIAN Name: Name: 7448 RIDGE RD. Address: 2520 ALPINE AVENUE Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34239 Title: () Delete Title: () Change () Addition LANGE, MARTIN Name: Name: Address: 4766 COUNTRY MANOR DR. Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: Title: () Delete Title: (X) Change () Addition RAUH, BRIAN MEDICO, CHRIS Name: Name: 2520 ALPINE AVE. 14040 N. BRANCH ROAD Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34240 Title: () Delete Title: () Change () Addition Name: HERMAN, RICK Name: 311 WILD PINE WAY Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: Title: () Delete Title: () Change () Addition GENSMER, TIM Name: Name: 6650 MCKOWN RD Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: () Delete Title: () Change () Addition STENDER, CHUCK Name: Name: Address: 101 GULFSTREAM AVE H-E Address: SARASOTA, FL 34236 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN LANGE T 01/28/2008