

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752038 (0)
1. Corporation Name
ASCENSION LUTHERAN CHURCH, INC.



Principal Place of Business: 3975 HWY 90 MARIANNA FL 32446 US
Mailing Address: 3975 HWY 90 MARIANNA FL 32446 US

3. Date Incorporated or Qualified: 04/15/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-questions for Suite, City & State, Zip, and Country.
4. FEI Number: 59-2493624
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**WHEELHOUSE, REV. PAUL A.
3975 HWY 90 WEST
MARIANNA FL 32446**

10. Name and Address of New Registered Agent
81 Name: Daniel W. Gorbet
82 Street Address (P.O. Box Number is Not Acceptable): 2925 New Hope Rd
83
84 City: Marianna FL 85 Zip Code: 32447

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: Daniel W. Gorbet
Date: 5-13-96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BASFORD, WAYNE	
STREET ADDRESS	2814 BAKER	
CITY - ST - ZIP	MARIANNA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PYLE, THOMAS	
STREET ADDRESS	4423 WOODBROOK DR	
CITY - ST - ZIP	MARIANNA, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SLATER, LOIS	
STREET ADDRESS	ROUTE 1, BOX 2720, HWY 274	
CITY - ST - ZIP	FOUNTAIN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PYLE, JUDY	
STREET ADDRESS	4423 WOODBROOK DR	
CITY - ST - ZIP	MARIANNA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dr. Daniel Gorbet	
1.3 STREET ADDRESS	2925 New Hope Rd	
1.4 CITY - ST - ZIP	Marianna FL 32446	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carole Conley	
4.3 STREET ADDRESS	1272 Whitfield Lane	
4.4 CITY - ST - ZIP	Marianna FL 32448	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300001872873	
6.3 STREET ADDRESS	-06/24/96--01027--040	
6.4 CITY - ST - ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: Daniel W. Gorbet
Date: 5-13-96
Daytime Phone #: 904-482-9904

CR2E037 (12/95)