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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752038

1. Corporation Name

ASCENSION LUTHERAN CHURCH, INC.

Principal Place of Business

3975 HWY 90
MARIANNA FL 32446
US

Mailing Address

3975 HWY 90 *W.*
MARIANNA FL 32446
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

04/15/1980

4. FEI Number

59-2493624

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SLATER, MICHAEL
ROUTE 1, BOX 2720, HWY 274
FOUNTAIN FL 32438

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP DELETE
NAME SLATER, MICHAEL
STREET ADDRESS ROUTE 1, BOX 2720, HWY 274
CITY-ST-ZIP FOUNTAIN FL 32438

TITLE VPD DELETE
NAME GORBET, DANIEL DR.
STREET ADDRESS 2925 NEW HOPE RD.
CITY-ST-ZIP MARIANNA FL 32446

TITLE SD DELETE
NAME SLATER, LOIS
STREET ADDRESS ROUTE 1, BOX 2720, HWY 274
CITY-ST-ZIP FOUNTAIN FL 32438

TITLE TD DELETE
NAME DUNCAN, WILLIAM L.
STREET ADDRESS 2820 JACKSON BLUFF RD.
CITY-ST-ZIP MARIANNA FL 32446

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VPD Change Addition
2.2 NAME KANDZER, DR. JERRY
2.3 STREET ADDRESS 2787 JACKSON BLUFF RD.
2.4 CITY-ST-ZIP MARIANNA, FL 32446

3.1 TITLE SD Change Addition
3.2 NAME BEACH HOLLY
3.3 STREET ADDRESS 3410 PARKWOOD DR.
3.4 CITY-ST-ZIP MARIANNA, FL 32446

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

William L. Duncan (WILLIAM L. DUNCAN) 4/4/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-526-2298

CR2E037 (1/198)