NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 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



04-14-1999 90206 008 ****61.25

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Suite, Apt. #, etc. Suite, Ap		ace of Business 2a. Mailing Address					3. Date Incorporated or Qualifed 04/15/1980						
State City &	21 Suite Ant 1	H ata	26	Suite Ant # etc							lied For	1	
City & State Provided to Fees P. Name and Address of Current Registered Agent State R. MICHAEL ROUTE 1, BOX 2720, HWY 274 FOUNTAIN FL 32438 Street Address (P.O. Box Number is Not Acceptable) State R. Michael State R. Micha		7, BIG.		Suite, Apr. #, etc.								1	
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Zip Country Zip Country	·	•	28	,				5. Certificate of Status Des	sired 📙	Fee Rec	quired	1	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SLATER, MICHAEL ROUTE 1, BOX 2720, HWY 274 FOUNTAIN FL 32438 82 Street Address (P.O. Box Number is Not Acceptable) 83		Country	201	Zip	7in Country			6. Election Campaign Financing — \$5.00 May Be					
9. Name and Address of Current Registered Agent SLATER, MICHAEL ROUTE 1, BOX 2720, HWY 274 FOUNTAIN FL 32438 11. Pursuant to the provisions of Sections 617 (502 and 617 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office of registered agent and accept the obligations of, Section 617 (503, Florids Statutes). SIGNATURE	24	<u> </u>	29	·	· ' - '								
SLATER, MICHAEL ROUTE 1, BOX 2720, HWY 274 FOUNTAIN FL 32438 11. Pursuant to the provisions of Sections 517 0502 and 617.1508, Florida Statutes, the aboven-named corporation submits this statement for the purpose of charging its 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, and accept the obligations of, Section 617.0503, Florida Statutes, the aboven-named corporation submits this statement for the purpose of charging its registered agent and remiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. In TIME 12. NAME 12. NAME 13. TIME 12. NAME 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST. 2P 15. TIME 12. NAME 14. CITY ST. 2P 15. TIME 15. TIME 16. Change 16. Change 16. Change 16. Change 16. Change 16. Addition 17. ST. 2P 18. Change 18. Chan	67							10. Name and Address of New Registered Agent					
ROUTE 1, BOX 2720, HWY 274 FOUNTAIN FL 32438 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, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent and set of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and set of repricately agent age						Name							
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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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, 1994 of printed name of registered agent, and the if applicable. (NOTE: Registered Agent signature registered Agent signature registered Agent signature). DATE	•											1	
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office or registered agent, or both, in the State of Honda. Such change was authorized by the corporation's board of directors. Interest agent and accept the obligations of, Section 617, 0503, Floridas Statutes. SIGNATURE SIGNATURE T2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP	11. Pursuant t	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											
SIGNATURE Signature, typed or printed name of registered agent and title if applicables. (NOTE: Registered Agent signature required when reinstating) DATE	office or re	egistered agent, or both, in the State of	Florid	da. Such change was aut	nonzea by	tne corpo	ration'	's board of directors. I hereby	y accept the app	ointment as reg	istereo		
Comment Comm	_	n lamiliar with, and accept the obligation	JI 15 UI	, \$600011 \$17.0000, 1 10110	a Otalulus	•							
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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	CITY-ST-ZIP	ertify that the information supplied with	thie f	filing does not qualify for to			in Se	ction 119.07(3)(i). Florida St	atutes. I further	certify that the in	nformation	J	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #