

2000 UNIFORM BUSINESS REPORT (UBR)

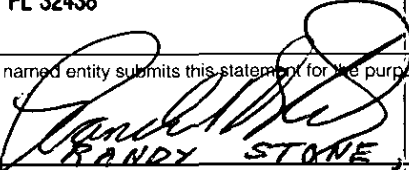
FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90110 015 ****61.25

DOCUMENT # 752038	
1. Entity Name ASCENSION LUTHERAN CHURCH, INC.	
Principal Place of Business 3975 HWY 90 MARIANNA FL 32446 US	Mailing Address 3975 HWY 90 MARIANNA FL 32446-8922 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2493624		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
SLATER, MICHAEL ROUTE 1, BOX 2720, HWY 274 FOUNTAIN FL 32438		Name RANDY STONE Street Address (P.O. Box Number is Not Acceptable) 4957 CAMELLIA City MARIANNA, FL Zip Code 32446
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.		
SIGNATURE  RANDY STONE, PRESIDENT		DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SLATER, MICHAEL ROUTE 1, BOX 2720, HWY 274 FOUNTAIN FL 32438	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RANDY STONE 4957 CAMELLIA MARIANNA, FL 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KANDZER, JERRY DR 2787 JACKSON BLUFF RD. MARIANNA FL 32446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEACH, HOLLY 3410 PARKWOOD DR. MARIANNA FL 32446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOSEPH SENKARIK 2812 DAFFIN ST., P.O. BOX 5755 MARIANNA, FL 32447-5755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNCAN, WILLIAM L. 2820 JACKSON BLUFF RD. MARIANNA FL 32446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 exemption stated in Section 119.07(3)(i), 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **WILLIAM L. DUNCAN** Date **3/13/00** Daytime Phone # **850-526-2248**

CR2E037 (9/99)