

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90069 016 ****61.25

6607

DOCUMENT # 752038

1. Entity Name

ASCENSION LUTHERAN CHURCH, INC.

Principal Place of Business

Mailing Address

3975 HWY 90
 MARIANNA FL 32446
 US

3975 HWY 90
 MARIANNA FL 32446
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2493624

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, RANDY
4957 CAMELLIA
MARIANNA FL 32446

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	STONE, RANDY	
STREET ADDRESS	4957 CAMELLIA	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KANDZER, JERRY DR	
STREET ADDRESS	2787 JACKSON BLUFF RD.	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SENKARIK, JOSEPH	
STREET ADDRESS	2812 DAFFIN ST PO BOX 5755	
CITY-ST-ZIP	MARIANNA FL 32447-5755	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUNCAN, WILLIAM L.	
STREET ADDRESS	2820 JACKSON BLUFF RD.	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

REQUIRE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

850-482-4691
 Daytime Phone #

CR2E037 (10/00)