2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 16, 2006 8:00 am Secretary of State DOCUMENT # 752038 - -1. Entity Name 08-16-2006 90003 004 ****61.25 ASCENSION LUTHERAN CHURCH, INC. Principal Place of Business Mailing Address 3975 HWY 90 3975 HWY 90 MARIANNA FL 32446 MARIANNA FL 32446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) City & State 4. FEI Number Applied For City & State 59-2493624 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNCAN, WILLIAM Street 2820 JACKSON BLUFF RD MARIANNA FL 32446 Zip Code 32443 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. I am familiar with, and accept the obligations of registered agent. 8-14-06 SIGNATURE Signature, typed or printed name of registered agent and title if FII F NOW FEE 10 COLOR FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 N Delete TITLE Change Addition President DUNCAN, WILLIAM NAME NAME Daniel W. Gorbet 2820 JACKSON BLUFF RD STREET ADDRESS STREET ADDRESS 4260 Kimball Rd. Greenwood, FL 3244B MARIANNA FL 32446 CITY-ST-ZIP CITY-ST-ZIP Vice President TITLE Delete William Duncan KANDZER, JERRY DR NAME NAME 2820 Jackson Bluff Rd. 2787 JACKSON BLUFF RD. STREET ADDRESS STREET ADDRESS MARIANNA FL 32446 Marianna, FL 32446 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STONE, RANDY NAME 4957 CAMELLIA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARIANNA FL 32446 CITY-ST-7IP ☐ Detete TITLE ☐ Change Addition NAME SPEERS, GEORGE NAME STREET ADDRESS 3709 SCOTT CHURCH RD STREET ADDRESS CITY-ST-ZIP MARIANNA FL 32446 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

address, with all other like empowered.

changed, or on an attachment with an

SIGNATURE:

FILED