

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PH 2:27

DOCUMENT # 757512 (9)
1. Corporation Name
EPISCOPAL CHURCH OF THE ASCENSION, INCORPORATED

Principal Place of Business Mailing Address
4950 S APOPKA VINELAND RD ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/13/1981 3a. Date of Last Report 01/24/1994
4. FEI Number 59-2487173 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

g. Name and Address of Current Registered Agent
RECKFORD, JONATHAN
4950 S. APOPKA-VINELAND ROAD
ORLANDO FL 32819
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECKFORD, JONATHAN	1.2 NAME	
STREET ADDRESS	543 WHEATSTONE PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32835	1.4 CITY - ST - ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZ, SALLY	2.2 NAME	
STREET ADDRESS	8563 POMELO TREE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, LINDA	3.2 NAME	
STREET ADDRESS	4950 S. APOPKA-VINELAND	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32819	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOKS, REV. RONALD H	4.2 NAME	
STREET ADDRESS	121 FOREST ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL 32786	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSOL, BOB	5.2 NAME	
STREET ADDRESS	6304 WILSON TERR	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADLER, JOHN	6.2 NAME	
STREET ADDRESS	9020 REYES CT	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Jonathan J. Reckford* JONATHAN RECKFORD 2/3/95 827-7572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Digitized by eScribe