

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 757512 (9)

1. Corporation Name

EPISCOPAL CHURCH OF THE ASCENSION, INCORPORATED



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

3. Date Incorporated or Qualified: **04/13/1981**
3a. Date of Last Report: **02/14/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2487173	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State		6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Zip		Country			

9. 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: **Barry Williams**
82 Street Address (P.O. Box Number is Not Acceptable): **8903 Bellemeade Circle**
83
84 City: **Orlando** FL 85 Zip Code: **32819**

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1-25-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECKFORD, JONATHAN	1.2 NAME	WILLIAMS, BARRY
STREET ADDRESS	543 WHEATSTONE PLAZA	1.3 STREET ADDRESS	8903 Bellemeade Circle
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	Orlando FL 32819
TITLE	DT <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSOL, BOB	5.2 NAME	WARREN, JOE
STREET ADDRESS	8304 WILSON TERR	5.3 STREET ADDRESS	7608 Apple Tree Cir
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando FL 32819
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADLER, JOHN	6.2 NAME	WAGNER, DAVID
STREET ADDRESS	9020 REYES CT	6.3 STREET ADDRESS	7229 Dr. Phillips Blvd
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando FL 32819

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 119.07(3)(k), 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: *Linda M. Wright* DATE: **Jan. 25, 1996** DAYTIME PHONE: **407-876-3634**

CR2E037 (12/95)