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FILED
Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 757512
1. Corporation Name
EPISCOPAL CHURCH OF THE ASCENSION,
INCORPORATED IN

Principal Place of Business Mailing Address
4950 S APOPKA VILLAGE RD ORLANDO, FL 32819
4950 S. APOPKA VILLAGE RD ORLANDO, FL 32819

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

3. Date Incorporated or Qualified 04/13/1981
3a. Date of Last Report 02/07/1996
4. FEI Number 59-2497173 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WILLIAMS, BARRY
8903 BELLEMEADE CIRCLE
ORLANDO, FL 32819

10. Name and Address of New Registered Agent
81 Name MARY TOMLINSON
82 Street Address (P.O. Box Number is Not Acceptable) 9666 WILD OAK DRIVE
83
84 City WINDERMERE FL 85 Zip Code 34786

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]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	WILLIAMS, BARRY	<input checked="" type="checkbox"/> DELETE
NAME	8903 BELLEMEADE CIRCLE	
STREET ADDRESS	ORLANDO, FL	
CITY-ST-ZIP		
TITLE OT	OT	<input type="checkbox"/> DELETE
NAME	LORENZ, SALLY	
STREET ADDRESS	8563 POMELA TREE WAY	
CITY-ST-ZIP	ORLANDO, FL	
TITLE D	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, LINDA	
STREET ADDRESS	4950 S. APOPKA VILLAGE	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE D	D	<input type="checkbox"/> DELETE
NAME	DOBBS, REV. RONALD H.	
STREET ADDRESS	121 FOREST STREET	
CITY-ST-ZIP	WINDERMERE, FL 32786	
TITLE D	D	<input type="checkbox"/> DELETE
NAME	WARREN, JOE	
STREET ADDRESS	7608 APPLE TREE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE D	D	<input checked="" type="checkbox"/> DELETE
NAME	WARREN, DAVID	
STREET ADDRESS	7229 DR. PHILLIPS BLVD.	
CITY-ST-ZIP	ORLANDO, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	SR. WARDEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOMLINSON, MARY	
1.3 STREET ADDRESS	9666 WILD OAK DRIVE	
1.4 CITY-ST-ZIP	WINDERMERE, FL 34786	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100002141391	
4.3 STREET ADDRESS	-04/14/97--01003--050	
4.4 CITY-ST-ZIP	***61.25	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE D	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NANCY KREMAN	
6.3 STREET ADDRESS	5251 MIDDLE COURT #10	
6.4 CITY-ST-ZIP	ORLANDO, FL 32811	

14. I do 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)