

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-2487173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**TOMLINSON, MARY
9666 WILD OAK DRIVE
WINDERMERE FL 34786**

10. Name and Address of New Registered Agent

81 Name Bill Curdts	
82 Street Address (P.O. Box Number is Not Acceptable) 1108 S. Main St.	
83	
84 City Windermere	85 Zip Code FL 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]* DATE: **1/21/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DSRW	NAME TOMLINSON, MARY	1.1 TITLE DSRW	1.2 NAME Bill Curdts
STREET ADDRESS 9666 WILD OAK DRIVE	CITY-ST-ZIP WINDERMERE FL 34786	1.3 STREET ADDRESS 1108 S. Main St.	1.4 CITY-ST-ZIP Windermere FL 34786
TITLE DT	NAME LORENZ, SALLY	2.1 TITLE D	2.2 NAME John Nadler
STREET ADDRESS 8563 POMELO TREE LANE	CITY-ST-ZIP ORLANDO FL	2.3 STREET ADDRESS 9020 Reyes Ct.	2.4 CITY-ST-ZIP Orlando FL 32836
TITLE D	NAME WRIGHT, LINDA	3.1 TITLE DT	3.2 NAME Kathy Blair
STREET ADDRESS 4950 S. APOPKA-VINELAND	CITY-ST-ZIP ORLANDO FL 32819	3.3 STREET ADDRESS 10430 Hiawassee #3127	3.4 CITY-ST-ZIP Orlando FL 32835
TITLE D	NAME HOOKS, REV. RONALD H	4.1 TITLE D	4.2 NAME Jean Elrod
STREET ADDRESS 121 FOREST ST.	CITY-ST-ZIP WINDERMERE FL 32786	4.3 STREET ADDRESS 536 Butler St.	4.4 CITY-ST-ZIP Windermere FL 34786
TITLE D	NAME WARREN, JOE	5.1 TITLE D	5.2 NAME Joan Allard
STREET ADDRESS 7808 APPLE TREE CIRCLE	CITY-ST-ZIP ORLANDO FL	5.3 STREET ADDRESS 12201 Bronson way	5.4 CITY-ST-ZIP Orlando FL 32824
TITLE D	NAME Kielman	6.1 TITLE D	6.2 NAME Lewis Ashenheim
STREET ADDRESS 5281 MIDDLE COURT #10	CITY-ST-ZIP ORLANDO FL 32811	6.3 STREET ADDRESS 9008 Woodbreeze Blvd.	6.4 CITY-ST-ZIP Windermere FL 34786

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DSRW	NAME TOMLINSON, MARY	1.1 TITLE DSRW	1.2 NAME Bill Curdts
STREET ADDRESS 9666 WILD OAK DRIVE	CITY-ST-ZIP WINDERMERE FL 34786	1.3 STREET ADDRESS 1108 S. Main St.	1.4 CITY-ST-ZIP Windermere FL 34786
TITLE DT	NAME LORENZ, SALLY	2.1 TITLE D	2.2 NAME John Nadler
STREET ADDRESS 8563 POMELO TREE LANE	CITY-ST-ZIP ORLANDO FL	2.3 STREET ADDRESS 9020 Reyes Ct.	2.4 CITY-ST-ZIP Orlando FL 32836
TITLE D	NAME WRIGHT, LINDA	3.1 TITLE DT	3.2 NAME Kathy Blair
STREET ADDRESS 4950 S. APOPKA-VINELAND	CITY-ST-ZIP ORLANDO FL 32819	3.3 STREET ADDRESS 10430 Hiawassee #3127	3.4 CITY-ST-ZIP Orlando FL 32835
TITLE D	NAME HOOKS, REV. RONALD H	4.1 TITLE D	4.2 NAME Jean Elrod
STREET ADDRESS 121 FOREST ST.	CITY-ST-ZIP WINDERMERE FL 32786	4.3 STREET ADDRESS 536 Butler St.	4.4 CITY-ST-ZIP Windermere FL 34786
TITLE D	NAME WARREN, JOE	5.1 TITLE D	5.2 NAME Joan Allard
STREET ADDRESS 7808 APPLE TREE CIRCLE	CITY-ST-ZIP ORLANDO FL	5.3 STREET ADDRESS 12201 Bronson way	5.4 CITY-ST-ZIP Orlando FL 32824
TITLE D	NAME Kielman	6.1 TITLE D	6.2 NAME Lewis Ashenheim
STREET ADDRESS 5281 MIDDLE COURT #10	CITY-ST-ZIP ORLANDO FL 32811	6.3 STREET ADDRESS 9008 Woodbreeze Blvd.	6.4 CITY-ST-ZIP Windermere FL 34786

14. 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 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: *Bill Curdts* DATE: **1/21/98** 407-876-2403

CR2E037 (10/97)