FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90162 044 ****61.25

DOCUMENT # 757512

1. Corporation Name

Suite, Apt. #, etc.

City & State

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EPISCOPAL	CHURCH	OF.	THE /	ASCENSION,	INCORPORATED
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Country

9. Name and Address of Current Registered Agent

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EFISCOPAL CHUNCH OF THE	HE ASCENSION, INCOMPORATED			
Principal Place of Business	Mailing Address			
4950 S APOPKA VINELAND RD ORLANDO FL 32819	4950 S APOPKA VINELAND RD ORLANDO FL 32819			
Principal Place of Business The Principal Place of Business The Principal Place of Business	2a. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

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Zip

City & State

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

04/13/1981

- **59-248717**3

4. FEI Number

BILL CURDTS 1108 S MAIN ST WINDERMERE FL 34786			2 Street Address (P.O. Box Number is Not Acceptable)								
			83								
		84	City	FL	85 Zip	Code					
					honging i	to registered					
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 Storeture, byted or protect name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi	13.	t signature re	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12					
	DSRW DELETE	1.1 TITLE	1	10	Change						
TITLE		1.2 NAME		Bob Eleod 536 Butler St. Widdermere FL 3478							
NAME	BILL CURDTS	1.3 STREET	ADDDCCC	534 Butles St.							
STREET ADDRESS	1108 S MAIN ST		- 1	111112 man E1 3478	1771						
CITY-ST-ZIP	WINDERMERE FL 34786	1.4 CITY-ST	1-ZIP	WINDERMERE F L 31/8	Change	a ☐ Addition					
TITLE	–	2.1 TITLE		·		, —					
NAME	KATHY BLAIR	2.2 NAME	l	•							
STREET ADDRESS	1043 HIAWASSEE #3127	2.3 STREET									
CITY-ST-ZIP	ORLANDO FL 32835	2. 4 CITY-S	T-Z!P		Change	Addition					
TITLE	D DELETE	3.1 TITLE			Criange	, Madition					
NAME	Wright, Linda	3.2 NAME	į								
STREET ADDRESS	4950 S. APOPKA-VINELAND	3.3 STREET	ADORESS								
CITY-ST-ZIP	ORLANDO FL 32819	3.4. CITY-S	T-ZIP								
TITLE	D DELETE	4.1 TITLE		•	Change	e					
NAME	HOOKS, REV. RONALD H	4. 2 NAME	İ								
STREET ADDRESS	121 FOREST ST.	4.3 STREET	ADDRESS			ŀ					
CITY-ST-ZIP	WINDERMERE FL 32786	4.4 CITY-S	r-ZIP								
TITLE	D S DELETE	5.1 TITLE			Chang	e					
NAME	WARREN, JOE	5.2 NAME		•							
STREET ADDRESS	7608 APPLE TREE CIRCLE	5.3 STREET	ADDRESS								
CITY-ST-ZIP	ORLANDO FL	5.4 CITY- S	r-ZIP								
TITLE	D DELETE	6.1 TITLE			Change	a. Addition					
NAME	KIELMAN, NANCY	6.2 NAME		·							
STREET ADDRESS	5281 MIDDLE COURT #10	6.3 STREET	ADDRESS		•						
CITY-ST-ZIP	ORLANDO FL 32811	6.4 CITY-ST									
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, with all other like empowered.											

Country

81 Name

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SIGNATURE: