

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90080 008 ****61.25

DOCUMENT # 757512

Entity Name
EPISCOPAL CHURCH OF THE ASCENSION, INCORPORATED

Principal Place of Business Mailing Address
4950 S APOPKA VINELAND RD **4950 S APOPKA VINELAND RD**
ORLANDO FL 32819 **ORLANDO FL 32819-3104**

00010093



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2487173** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BILL CURDTS
1108 S MAIN ST
WINDERMERE FL 34786

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DSRW <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL CURDTS	NAME	Tony Powell
STREET ADDRESS	1108 S MAIN ST	STREET ADDRESS	8724 Benoit Ave.
CITY-ST-ZIP	WINDERMERE FL 34786	CITY-ST-ZIP	Orlando FL 32836
TITLE	DT <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY BLAIR	NAME	Bill Tomlinson
STREET ADDRESS	1043 HIAWASSEE #3127	STREET ADDRESS	9666 Wild Oak Dr.
CITY-ST-ZIP	ORLANDO-FL 32835	CITY-ST-ZIP	Windermere FL 34786
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, LINDA	NAME	
STREET ADDRESS	4950 S. APOPKA-VINELAND	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOKS, REV. RONALD H	NAME	
STREET ADDRESS	121 FOREST ST.	STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 32786	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELROD, BOB	NAME	
STREET ADDRESS	536 BUTLER ST	STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIELMAN, NANCY	NAME	
STREET ADDRESS	5281 MIDDLE COURT #10	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	CITY-ST-ZIP	

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **William A. Curdts** Date: **1/31/00** Daytime Phone #: **407-876-2403**

CR2E037 (9/99)