

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

0027513

DOCUMENT # 757512

1. Entity Name

EPISCOPAL CHURCH OF THE ASCENSION, INCORPORATED

03-22-2001 90021 029 ****61.25

Principal Place of Business

Mailing Address

**4950 S APOPKA VINELAND RD
 ORLANDO FL 32819**

**4950 S APOPKA VINELAND RD
 ORLANDO FL 32819**

00041066



DO NOT WRITE IN THIS SPACE

2. 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

7. Name and Address of New Registered Agent

**BILL CURDTS
 1108 S MAIN ST
 WINDERMERE FL 34786**

Name **BILL TOMLINSON**

Street Address (P.O. Box Number is Not Acceptable)

9666 WILD OAK DRIVE

ORLANDO

FL

34786

City

FL

Zip Code

8. 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

Bill Tomlinson Sr. Warden

3-20-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DSRW** Delete
 NAME **BILL CURDTS**
 STREET ADDRESS **1108 S MAIN ST**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **TOMLINSON, BILL DSRW** Change Addition
 NAME **TOMLINSON, BILL DSRW**
 STREET ADDRESS **9666 WILD OAK DRIVE**
 CITY-ST-ZIP **WINDERMERE, FL - 34786**

TITLE **DT** Delete
 NAME **KATHY BLAIR**
 STREET ADDRESS **1043 HIAWASSEE #3127**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **Deborah Cousins DS** Change Addition
 NAME **Deborah Cousins DS**
 STREET ADDRESS **1339--OLYMPIA PARK ORCLE**
 CITY-ST-ZIP **ORCLE, FL 34761**

TITLE **D** Delete
 NAME **POWELL, TONY**
 STREET ADDRESS **8724 BENOIT AVE**
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HOOKS, REV. RONALD H**
 STREET ADDRESS **121 FOREST ST.**
 CITY-ST-ZIP **WINDERMERE FL 32786**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ELROD, BOB**
 STREET ADDRESS **536 BUTLER ST**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TOMLISON, BILL**
 STREET ADDRESS **9666 WILD OAK DR**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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:

SIGNATURE REQUIRED KATHY BLAIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/01

Date

407-576-3480

Daytime Phone #

CR2E037 (10/00)