


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90004 008 ****61.25

DOCUMENT # 757512

1. Entity 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

54024243



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03182004 Chg-NP CR2E037 (10/03)

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
TOMLINSON, BILL
9666 WILD OAK DRIVE
WINDERMERE, FL 34786

7. Name and Address of New Registered Agent
 Name **JOHN RUTA**
 Street Address (P.O. Box Number is Not Acceptable)
124 FOREST STREET
 City **WINDERMERE FL** Zip Code **34786**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Ruta* DATE 3/22/04

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

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSRW TOMLINSON, BILL 9666 WILD OAK DRIVE WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KATHY BLAIR 7762 BARBERRY DRIVE ORLANDO, FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, TONY 8724 BENOIT AVE ORLANDO, FL 32836 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEDENBECK, STEVE 10801 PARK RIDE/GOTHA ROAD GOTHA, FL 34734 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELROD, BOB 7550 HINSON STREET #6B ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POWELL, ANITA 8724 BENUIT AVE ORLANDO, FL 32836 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSRW JOHN RUTA 124 FOREST STREET WINDERMERE FL 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AILEEN CRAPPS 7978 WELLSMERE CIRCLE ORLANDO, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reverend James Sorvillo 9101 PALM TREE DRIVE WINDERMERE, FL 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Shanks 1508 S. Delaney Avenue Orlando FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Debbie Miller 7890 ST. ANDREW CIRCLE ORLANDO, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Kathy Blair* *Katherine L Blair* DATE 3/18/04 DAYTIME PHONE # 3212975702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #