

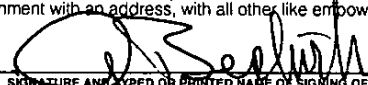


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90032 015 ****70.00

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2487173	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
RUTA, JOHN 124 FOREST ST. WINDERMERE, FL 34786			7. Name and Address of New Registered Agent		
			Name THE Reverend JAMES SORVILLO		
			Street Address (P.O. Box Number is Not Acceptable) 4950 S. APOPKA VINELAND ROAD		
			City Orlando		
			FL		
			Zip Code 32819		
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 				DATE 7/17/05	
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DSRW	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTA, JOHN		NAME	ROBERT HUNGATE	
STREET ADDRESS	124 FOREST ST.		STREET ADDRESS	5528 CEDAR PINE DRIVE	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY BLAIR		NAME	ANN BECKWITH	
STREET ADDRESS	7762 BARBERRY DRIVE		STREET ADDRESS	10255 EMERALD WOOD AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAPPS, AKAN		NAME		
STREET ADDRESS	7978 WELLSMERE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	De	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORVILLO, JAMES REV.		NAME		
STREET ADDRESS	1508 S DELANEY AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DMP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKS, JAMES		NAME		
STREET ADDRESS	1508 S DELANEY AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DEBBIE		NAME		
STREET ADDRESS	7890 ST. ANDREWS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		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: 				DATE: 7/17/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

50056836



07172005 Chg-NP CR2E037 (10/03)