2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # C10006

1. Entity Name
ASCENSION EVANGELICAL LUTHERAN CHURCH OF BOYNTON-DELRAY BEACHES, FLORIDA

Principal Place of Business	Mailing Address
2929 S. SEACREST BLVD. BOYNTON BEACH, FL 33435 US	2929 S. SEACREST BLVD. BOYNTON BEACH, FL 33435 US

DO NOT WRITE IN THIS SPACE

07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-6506031
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KING, RICHARD
6846 CASTLEMAINE AVE
BOYNTON BEACH, FL 33437

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

Filing Fee is $61.25
Due by September 6, 2006

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

U00000572218
07/25/06-80020-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREENICH, CAROLE
STREET ADDRESS	10988 STAFFORD CIRCLE SOUTH
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	VPD
NAME	KOUKOULES, GEORGE
STREET ADDRESS	1703 SW 22ND STREET
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	S
NAME	HILL, BOBBI
STREET ADDRESS	4061 ALPINIA COURT
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	T
NAME	KING, RICHARD
STREET ADDRESS	6846 CASSTLEMAINE AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X Carole Greenich-Pres. 7-11-06 561-732-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #