FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED
95 APR 18 PM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01017 (5)

1. Corporation Name
ASCENSION LUTHERAN CHURCH OF OCALA, FLORIDA, INC

Principal Place of Business	Mailing Address
5730 SE 28TH STREET OCALA FL 34471-6429 US	5730 SE 28TH STREET OCALA FL 34471-6429 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1984
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-3163960 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARRIS, MICHAEL A., PASTOR
5730 S.E. 28TH ST.
OCALA FL 34471

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	LEGG, DAVID	1.2 NAME		
STREET ADDRESS	12162 SE 60 AVE RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	REEDY, ROBERT	2.2 NAME	REEDY, BOBBIE G.	
STREET ADDRESS	4533 SE 14 ST	2.3 STREET ADDRESS	4533 SE 14th Street	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL 34471 (Note change of name)	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	TABNER, HERMA	3.2 NAME	DEVINE, JOHN	
STREET ADDRESS	37 LAKE COURT LOOP	3.3 STREET ADDRESS	15700 SE 175th Street	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Weirsdale, FL 32195	
TITLE	V	4.1 TITLE	V	☒ Change ☐ Addition
NAME	COULOMBE, RUSS	4.2 NAME	BLADES, DONNA	
STREET ADDRESS	3614 N.E. 16TH PL	4.3 STREET ADDRESS	12781 NE 9th Street	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	DAMMEL, ARLENE	5.2 NAME		
STREET ADDRESS	5680 S.E. 17 ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	KIMMEL, MARY	6.2 NAME		
STREET ADDRESS	7066 CHERRY PASS RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bobbie G. Reedy — Bobbie G. Reedy — 2/21/95 — 904-694-5586
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000E84