due before May 1, 1997

FILE NOW: FILING FEE IS $61.25

FILED
Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: **01/20/1984**
3a. Date of Last Report: **04/05/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-3163860** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Michael A. Harris, Pastor — Michael A. Harris — DATE: 2/12/97
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	☒ DELETE	1.1 TITLE	VICE-PRES.	☐ Change ☒ Addition
NAME	REEDY, ROBBIE. G.		1.2 NAME	JOHN CHESMORE	
STREET ADDRESS	12162 SE 60 AVE RD		1.3 STREET ADDRESS	1760 SE 57TH COURT	
CITY-ST-ZIP	BELLEVIEW FL		1.4 CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIVINE, JOHN		2.2 NAME		
STREET ADDRESS	15700 SE 175TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	WIERSDALE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCMAHON, MIKE		3.2 NAME		
STREET ADDRESS	7434 SE 12TH CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BLADES, DONA		4.2 NAME	DONNA BLADES	
STREET ADDRESS	12781 NE 9TH STREET		4.3 STREET ADDRESS	12781 NE 9TH ST.	
CITY-ST-ZIP	SILVER SPRINGS FL		4.4 CITY-ST-ZIP	SILVER SRGS, FL.	
TITLE	S	☒ DELETE	5.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	WILSON, SANDY		5.2 NAME	LEE FUNK	
STREET ADDRESS	5143 SE 23RD LANE		5.3 STREET ADDRESS	2111 SE 10TH CT.	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	T	☒ DELETE	6.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	TUTTLE, PHYLLIS		6.2 NAME	BARBARA THORICHT	
STREET ADDRESS	5306 SE 34TH STREET		6.3 STREET ADDRESS	12703 SE 60TH COURT	
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP	BELLEVIEW FL	

CR2E037 (9/96)

14. I do 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 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: Barbara J. Thoricht BARBARA THORICHT 2/12/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065711