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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01017

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 33471-6429 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/20/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3163860 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	~~VPD~~ P	☐ DELETE	1.1 TITLE	~~P~~ D	☐ Change ☒ Addition
NAME	CHESMORE, JOHN		1.2 NAME	JO NELL RHODENBAUGH	
STREET ADDRESS	1769 SE 57 CT		1.3 STREET ADDRESS	UNIT 205 1701 SE 24TH ROAD	
CITY-ST-ZIP	OCALA FL 34471		1.4 CITY-ST-ZIP	OCALA FL 34471	
TITLE	~~FS~~ D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BRADLEY, BONNIE		2.2 NAME	JANE KURTZ	
STREET ADDRESS	33 BANYAN COURSE		2.3 STREET ADDRESS	7606 SE 135TH ST	
CITY-ST-ZIP	OCALA FL 34472		2.4 CITY-ST-ZIP	SUMMER FIELD FL 34491	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MCMAHON, MIKE		3.2 NAME	ROB POHLMAN	
STREET ADDRESS	7434 SE 12TH CIRCLE		3.3 STREET ADDRESS	3421 SE 36 STREET	
CITY-ST-ZIP	OCALA FL 34480		3.4 CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLADES, DONA		4.2 NAME		
STREET ADDRESS	12781 NE 9TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, MARILYN		5.2 NAME		
STREET ADDRESS	5 EMERALD RUN		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472		5.4 CITY-ST-ZIP		
TITLE	~~D~~ T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	THORICHT, BARBARA		6.2 NAME		
STREET ADDRESS	12703 SE 60 CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ BARBARA THORICHT 2/9/99 352-245-4826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #