

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01017

1. Entity Name

ASCENSION LUTHERAN CHURCH OF OCALA, FLORIDA, INC ✓

Principal Place of Business

5730 SE 28TH STREET
OCALA FL 34471-6429
US

Mailing Address

5730 SE 28TH STREET
OCALA FL 33471-6429
US

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

59-3163860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Eck, Leander, Pastor*

Street Address (P.O. Box Number is Not Acceptable)

5730 SE 28TH ST.

City *Ocala*

FL

Zip Code

34471

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME CHESMORE, JOHN ☒ Delete
STREET ADDRESS 1769 SE 57, CT
CITY-ST-ZIP OCALA FL 34471

TITLE FS
NAME BRADLEY, BONNIE ☒ Delete
STREET ADDRESS 33 BANYAN COURSE
CITY-ST-ZIP OCALA FL 34472

TITLE D
NAME RHODENBAUGH, JO VELL ☒ Delete
STREET ADDRESS UNIT 205, 1701 SE 248 RD
CITY-ST-ZIP OCALA FL 34471

TITLE D
NAME KURTZ, JANE ☐ Delete
STREET ADDRESS 7606 SE 135TH ST
CITY-ST-ZIP SUMMER FIELD FL 34491

TITLE SD
NAME LEWIS, MARILYN ☐ Delete
STREET ADDRESS 5 EMERALD RUN
CITY-ST-ZIP OCALA FL 34472

TITLE D
NAME THORICHT, BARBARA ☒ Delete
STREET ADDRESS 12703 SE 60 CT
CITY-ST-ZIP BELLEVUE FL 34420

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Funk, Lee
STREET ADDRESS 2111 SE 10TH CT.
CITY-ST-ZIP Ocala, FL 34471

TITLE PS ☐ Change ☒ Addition
NAME Atkinson, Phyllis
STREET ADDRESS 20 Cherry Lane
CITY-ST-ZIP Ocala, FL 34472

TITLE D ☐ Change ☒ Addition
NAME Arvus, Adam
STREET ADDRESS 58 Bahia Trac Cir
CITY-ST-ZIP Ocala, FL 34472

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME Harp, Kenneth
STREET ADDRESS 3421 SE 26TH CT. RD.
CITY-ST-ZIP Ocala, FL 34480

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:

SIGNATURE OF Kenneth G Harp

Date

Daytime Phone #

7/17/00 352-867-9667

CR2E037 (5/00)