2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # N01017 1. Entity Name 04-22-2004 90059 043 ****61.25 ASCENSION LUTHERAN CHURCH OF OCALA, FLORIDA. Principal Place of Business Mailing Address 5730 SE 28TH STREET OCALA FL 33471-6429 5730 SE 28TH STREET 24051000 OCALA FL 34471-6429 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3163860 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACK REENTS :CURRY: PATRICK¢-Street Address (P.O. Box Number is Not Acceptable) 5730 S.E. 28TH ST. OCALA FL 34471 Zip Code 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 registers SIGNATURE sture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete PRESIDENT TITLE Change Addition KURTZ, JANE NAME NAME 7606 SE 135TH ST STREET ADDRESS STREET ADDRESS SUMMERFIELD FL 34491 CITY-ST-ZIP CITY-ST-ZIP VPD PRESIDENT TITLE TITLE ☐ Delete Change Addition ROSE, HARLOD NAME 5620 SE 22ND ST STREET ADDRESS STREET ADDRESS **OCALA FL 34471** CITY-ST-ZIP CITY-ST-ZIP TITLE VICE- PRESIDENT ☐ Delete **Addition** FIESSLER, JOAN NAME STEVE JANOUSKY 194 HICKORY RD 9-TEAK LANE -STREET ADDRESS STREET ADDRESS OCALA FL 34472 CITY-ST-ZIE CITY-ST-ZIP 34472 OCALA, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAUSER, ANNE NAME NAME 1001 NE 41ST AVE STREET ADDRESS STREET ADDRESS OCALA FL 34470 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition TRUITT, MARILOU NAME NAME 3794 SE 59TH PLACE STREET ADDRESS STREET ADDRESS OCALA FL 34480 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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:

12. Thereby 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