2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# N01017

Entity Name: ASCENSION LUTHERAN CHURCH OF OCALA, FLORIDA, INC.

Current Principal Place of Business:

5730 SE 28TH STREET
OCALA, FL 344716429 US

New Principal Place of Business:

Current Mailing Address:

5730 SE 28TH STREET
OCALA, FL 334716429 US

New Mailing Address:

FEI Number: 59-3163860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, JAMES F
130 NE 52ND CT
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ANDERSON, MIKE
Address: 18335 SE 53RD PLACE
City-St-Zip: OCKLAWAHA, FL 32179

Title: FS ( ) Delete
Name: FUNK, LEE
Address: 2111 SE 10TH CT
City-St-Zip: OCALA, FL 34471

Title: TD ( ) Delete
Name: KURTZ, BILL
Address: 7606 SE 135TH ST
City-St-Zip: SUMMERFIELD, FL 34491

Title: S ( ) Delete
Name: AHNER, KAREN
Address: 9464 BAHIA RD
City-St-Zip: OCALA, FL 34472

Title: VP ( ) Delete
Name: CALDWELL, KATHY
Address: 1700 SE 57TH CT
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: FS (X) Change ( ) Addition
Name: MCGRATH, BARBARA
Address: 2828 NE 49TH AVE
City-St-Zip: OCALA, FL 34470

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE ANDERSON P 04/03/2008

Electronic Signature of Signing Officer or Director — Date