

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90153 028 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CURRY, PATRICK~~
**5730 S.E. 28TH ST.
OCALA FL 34471**

Name **CURRY, PATRICK**

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

City

FL

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 registered agent.

SIGNATURE

Rev. Pat Curry *Rev. PAT CURRY*

1/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **FUNK, LEE**
STREET ADDRESS **2111 SE 10TH CT**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **PD** ☒ Change ☐ Addition
NAME **KURTZ, JANE**
STREET ADDRESS **7606 SE 135th ST**
CITY-ST-ZIP **SUMMERFIELD-FL-34491**

TITLE **FS** ☒ Delete
NAME **ADKINSON, PHYLLIS**
STREET ADDRESS **20 CHERRY LANE**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **VPD** ☒ Change ☐ Addition
NAME **HAROLD ROSE**
STREET ADDRESS **5620 SE 22nd ST**
CITY-ST-ZIP **OCALA - FL - 34471**

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

TITLE **FS** ☒ Change ☐ Addition
NAME **FISSLER, JOAN**
STREET ADDRESS **194 HICKORY RD**
CITY-ST-ZIP **OCALA - FL - 34472**

TITLE **VPD** ☒ Delete
NAME **LEWIS, MARILYN**
STREET ADDRESS **5 EMERALD RUN**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **TD** ☒ Change ☐ Addition
NAME **ANNE HAUSER**
STREET ADDRESS **1001 NE 41st AVE**
CITY-ST-ZIP **OCALA - FL - 34470**

TITLE **TD** ☒ Delete
NAME **HARPLE, KENNETH G**
STREET ADDRESS **3921 SE 26TH CT RD**
CITY-ST-ZIP **OCALA FL 34480**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **TRUITT, MARILOU**
STREET ADDRESS **3794 SE 5TH PLACE**
CITY-ST-ZIP **OCALA - FL - 34480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

ANNE HAUSER *ANNE HAUSER* *1/29/03* *352-624-0066*

CR2E037 (10/02)