

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745689

**Entity Name:** CHURCH OF THE INCARNATION CATHOLIC CONGREGATION, INC.

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**0936060808CC**

**Current Principal Place of Business:**

1515 EDGEWATER DRIVE  
ORLANDO, FL 32804

**Current Mailing Address:**

1515 EDGEWATER DRIVE  
ORLANDO, FL 32804

**FEI Number: 59-1881287**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCCRIMMON, JASON  
1515 EDGEWATER DRIVE  
ORLANDO, FL 32804 US

*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

**Officer/Director Detail :**

Title	DIRECTOR	Title	SECRETARY & TREASURER
Name	HANSEN, CARLA M	Name	HOLIDAY, WILLIAM P
Address	1105 BRIELLE COURT	Address	1118 ROSETTA DRIVE
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	DELTONA FL 32725
Title	PRESIDENT	Title	VP
Name	LOPES, STEVEN J	Name	PERKINS, TIMOTHY
Address	PO BOX 55206	Address	PO BOX 55206
City-State-Zip:	HOUSTON TX 77255	City-State-Zip:	HOUSTON TX 77255

*I hereby 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 all other like empowered.*

**SIGNATURE: CARLA M HANSEN**

**DIRECTOR**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date