

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745689

**FILED**  
**Apr 26, 2015**  
**Secretary of State**  
**CC0188253867**

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

**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:**

ALLEN, W. RILEY  
429 S. KELLER ROAD  
STE 300  
ORLANDO, FL 32810 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            PRESIDENT  
Name            STEENSON, JEFFREY N  
Address        1515 EDGEWATER DRIVE  
City-State-Zip: ORLANDO FL 32804

Title            DIRECTOR  
Name            HANSEN, CARLA M  
Address        1105 BRIELLE COURT  
City-State-Zip: OVIEDO FL 32765

Title            VP  
Name            HURD, SCOTT  
Address        1515 EDGEWATER DRIVE  
City-State-Zip: ORLANDO FL 32804

Title            SECRETARY & TREASURER  
Name            HOLIDAY, WILLIAM P  
Address        9742 CYPRESS PINE STREET  
City-State-Zip: ORLANDO FL 32822

Title            DIRECTOR  
Name            HODIL, DAVID  
Address        1515 EDGEWATER DRIVE  
City-State-Zip: ORLANDO FL 32804

*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 HANSEN

**DIRECTOR**

**04/26/2015**

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

\_\_\_\_\_  
Date