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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:19

DOCUMENT # **N22012** (1)

1. Corporation Name
OUR SAVIOR LUTHERAN CHURCH, INC.

Principal Place of Business 1750 BRUTON BOULEVARD P O BOX 5338 ORLANDO FL 32805	Mailing Address 1750 BRUTON BOULEVARD P O BOX 5338 ORLANDO FL 32805
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 05-6031258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**RICHARDSON, CHRIS MONTGOMERY
1750 BRUTON BLVD
P O BOX 5338
ORLANDO FL 32805**

10. Name and Address of New Registered Agent
81. Name **SHULER, TIMOTHY**
82. Street Address (P.O. Box Number is Not Acceptable) **1750 BRUTON BLVD**
83. **P O BOX 5338**
84. City **ORLANDO** FL 85. Zip Code **32805**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE SHULER, TIMOTHY *Timothy Shuler* 6/24/95
Signature of the individual named as registered agent and the # applicable (NOTE: Registered Agents are required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICHARDSON, CHRIS M.
STREET ADDRESS	220 DOMINO DR
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	YOUNG, BARBARA A.
STREET ADDRESS	3817 WILTS ST
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	PARSON, BRIANN
STREET ADDRESS	1556 WOODFIELD OAKS DR.
CITY - ST - ZIP	APOPKA FL 32703
TITLE	TD
NAME	BALDWIN, LISA
STREET ADDRESS	1470 D HOLDEN AVE
CITY - ST - ZIP	ORLANDO FL
TITLE	MD
NAME	PASTOR B ODLEY
STREET ADDRESS	5842 ARAND CARYSN
CITY - ST - ZIP	ORLANDO FL 32808
TITLE	TD
NAME	WALTON, GROVER
STREET ADDRESS	815 WOODEN BLVD
CITY - ST - ZIP	ORLANDO FL 32805

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	SHULER, TIMOTHY	
13. STREET ADDRESS	4524 EDEN WOODS CIRCLE	
14. CITY - ST - ZIP	ORLANDO FL 32810	
21. TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	BODLEY, KELVIN	
23. STREET ADDRESS	1470 D HOLDEN AVE	
24. CITY - ST - ZIP	ORLANDO FL 32839	
31. TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	SHULER, KATHRYN Y.	
33. STREET ADDRESS	4524 EDEN WOODS CIRCLE	
34. CITY - ST - ZIP	ORLANDO FL 32810	
41. TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	HOGG, BONNIE	
43. STREET ADDRESS	21 STONECHAPEL CT.	
44. CITY - ST - ZIP	APOPKA FL 32712	
51. TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	(PASTOR) BODLEY, CHRIS	
53. STREET ADDRESS	5842 GRAND CANYON	
54. CITY - ST - ZIP	ORLANDO FL 32808	
61. TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	HOGG, KEENAN	
63. STREET ADDRESS	821 STONECHAPEL CT.	
64. CITY - ST - ZIP	APOPKA FL 32712	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 199.032(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *Timothy Shuler* TIMOTHY SHULER 6/24/95 (407) 295-0261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #