

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N22012 (1)**

1. Corporation Name

OUR SAVIOR LUTHERAN CHURCH, INC.



Principal Place of Business

Mailing Address

1750 BRUTON BOULEVARD
P O BOX 5338
ORLANDO FL 32805

1750 BRUTON BOULEVARD
P O BOX 5338
ORLANDO FL 32805

3. Date Incorporated or Qualified
06/24/1987

3a. Date of Last Report
07/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **1750 BRUTON BLVD**

26 **1750 BRUTON BLVD**

4. FEI Number

05-6031258

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **ORLANDO, FLORIDA**

28 **ORLANDO, FLORIDA**

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **32805**

25 **ORANGE**

29 **32805**

30 **ORANGE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHULER, TIMOTHY
1750 BRUTON BLVD
P O BOX 5338
ORLANDO FL 32805**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Timothy Shuler
Signature, typed or printed name of registered agent and title if applicable

TIMOTHY SHULER (PRESIDENT)
(NOTE: Registered Agent signature required when terminating)

2/4/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO	<input type="checkbox"/> DELETE
NAME	SHULER, TIMOTHY	
STREET ADDRESS	4524 EDEN WOODS CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOLEY, KELVIN	
STREET ADDRESS	1470 D HOLDEN AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHULER, KATHRYN L	
STREET ADDRESS	4524 EDEN WOODS CIRCLE	
CITY-ST-ZIP	APOPKA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOGG, BONNIE	
STREET ADDRESS	821 STONECHAPEL CT	
CITY-ST-ZIP	APOPKA FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	BODELY, CHRIS	
STREET ADDRESS	5842 GRAND CANYON	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOGG, KEENAN	
STREET ADDRESS	821 STONECHAPEL CT	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Bodley, Kelvin
2.3 STREET ADDRESS	537 Whiskey Creek Court
2.4 CITY-ST-ZIP	ORCOEE, Florida 34761
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD Barnett, Debora
4.3 STREET ADDRESS	4532 Banneka Street
4.4 CITY-ST-ZIP	ORLANDO, Florida 32811
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MD Bodley, Christopher
5.3 STREET ADDRESS	5842 Grand Canyon
5.4 CITY-ST-ZIP	ORLANDO Florida 32810
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S00001809265
6.3 STREET ADDRESS	-05/06/96--01062--002
6.4 CITY-ST-ZIP	***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy Shuler* **TIMOTHY SHULER (PD)** **2/4/96** **(407) 295-0261**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)