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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 ORLANDO FL 32805 1750 BRUTON BOULEVARD ORLANDO FL 32805-5132

3. Date Incorporated or Qualified 06/24/1987 3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	05-6031258	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country		
24	25		
Zip	Country		
29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHULER4, TIMOTHY
1750 BRUTON BLVD
P O BOX 5338
ORLANDO FL 32805

81 Name	Shuler, Timothy		
82 Street Address (P.O. Box Number is Not Acceptable)	1750 Bruton Blvd		
83			
84 City	Orlando,	FL	85 Zip Code 32805

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 *Deborah D. Barnett* *Deborah D. Barnett* 2/23/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<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	BODLEY, KELVIN	
STREET ADDRESS	537 WHISKEY CREEK COURT	
CITY - ST - ZIP	OCOE FL 34781	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHULER, KATHRYN L	
STREET ADDRESS	4524 EDEN WOODS CIRCLE	
CITY - ST - ZIP	APOPKA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARNETT, DEBORA	
STREET ADDRESS	4532 BANNEKA STREET	
CITY - ST - ZIP	ORLANDO FL 32811	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	BODELY, CHRIS	
STREET ADDRESS	5842 GRAND CANYON	
CITY - ST - ZIP	ORLANDO FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	BODLEY, CHRISTOPHER	
STREET ADDRESS	5842 GRAND CANYON	
CITY - ST - ZIP	ORLANDO FL 32810	

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	Volanda P. Notyce
2.3 STREET ADDRESS	4205 S. Semoran Blvd. #3
2.4 CITY - ST - ZIP	Orlando, FL. 32822
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD KING, SUSAN M
3.3 STREET ADDRESS	6218 W. Ridgewood Ave
3.4 CITY - ST - ZIP	ORLANDO FL 32835
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Deborah D. Barnett* *Deborah Barnett* 2/23/97
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016633

CR2E037 (9/96)