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**Mar 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22012 (1)

1. Corporation Name
OUR SAVIOR LUTHERAN CHURCH, INC.

Principal Place of Business 1750 BRUTON BOULEVARD ORLANDO FL 32805	Mailing Address 1750 BRUTON BOULEVARD ORLANDO FL 32805
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3. Date Incorporated or Qualified 06/24/1987	
4. FEI Number 05-6031258	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	Yolanda P. Notyce
82 Street Address (P.O. Box Number is Not Acceptable)	1750 Bruton Blvd.
83	
84 City	Orlando
85 FL	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 617.003, Florida Statutes.

SIGNATURE: *Yolanda P. Notyce* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SHULER, TIMOTHY	1.2 NAME	Yolanda P. Notyce
STREET ADDRESS	4524 EDEN WOODS CIRCLE	1.3 STREET ADDRESS	4508 S. Semoran Blvd. #3
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL 32828
TITLE	VD	2.1 TITLE	VD
NAME	BODLEY, KELVIN	2.2 NAME	Augustus Johnson
STREET ADDRESS	537 WHISKEY CREEK COURT	2.3 STREET ADDRESS	1025 W. Dewitt Dr.
CITY-ST-ZIP	OCOE FL 34761	2.4 CITY-ST-ZIP	Orlando, FL 32805
TITLE	SD	3.1 TITLE	SD
NAME	SHULER, KATHRYN L	3.2 NAME	Susan King
STREET ADDRESS	4524 EDEN WOODS CIRCLE	3.3 STREET ADDRESS	6218 W Ridgewood Ave
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	TD	4.1 TITLE	
NAME	BARNETT, DEBORA	4.2 NAME	
STREET ADDRESS	4532 BANNEKA STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	4.4 CITY-ST-ZIP	
TITLE	MD	5.1 TITLE	
NAME	BODELY, CHRIS	5.2 NAME	
STREET ADDRESS	5842 GRAND CANYON	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	MD	6.1 TITLE	
NAME	BODLEY, CHRISTOPHER	6.2 NAME	
STREET ADDRESS	5842 GRAND CANYON	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	6.4 CITY-ST-ZIP	

14. I 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.	
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SIGNATURE: *Debra D. Barnett* *Debra D. Barnett* 1/11/98 (407) 856-5835

CF2E037 (10/97)